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

Candidate Guide
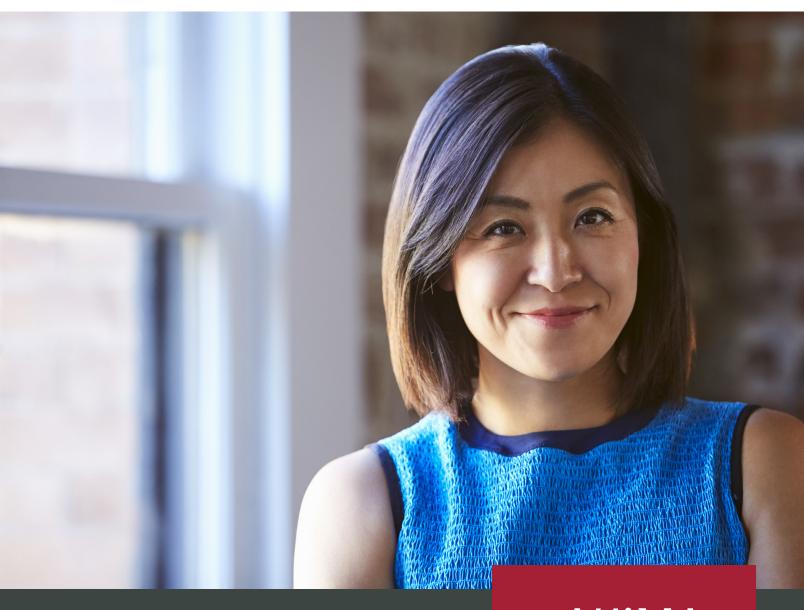
RHIA® RHIT® CCA® CCS® CCS-P® CHDA® CHPS® CDIP® CHTS™ CPHI™

Updated April 10, 2018

AHIMA
ahima.org

CONTACT INFORMATION

AHIMA

Customer Relations	Phone: (800) 335-5535
	Fax: (312) 233-1500

Submit Exam Applications and Fees:

Certification Examinations
AHIMA
Dept. 77-3081
Chicago, IL 60678-3081

Submit HIT and HIA Transcripts:

Mailed to:
Certification Transcripts
AHIMA
233 N. Michigan Ave., 21st Fl.
Chicago, IL 60601
OR

Sent electronically to (if this option is available, vendor information is provided by your school): CertificationTranscripts@ahima.org

Appeals:

Commission on Certification Appeals
AHIMA
233 N. Michigan Ave., 21st Fl.
Chicago, IL 60601

Complaints:

Commission on Certification Complaints
AHIMA
233 N. Michigan Ave., 21st Fl.
Chicago, IL 60601

Pearson Vue Scheduling:

(888) 524-4622

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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 HIIM professionals.

CCHIIM Mission

Through certification, the CCHIIM ensures the competency of professionals practicing HIIM worldwide.

CCHIIM Vision

Professional excellence in HIIM 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 certicants 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 composed 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 ensures quality control of the relevancy, currency, and validity of the competencies 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 taking 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 with higher criticality scores (that is 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, and scoring methodology.

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

About AHIMA

AHIMA is a professional association composed of 52 component state associations and more than 103,000 health information professionals who work in various healthcare settings. Since 1932, AHIMA has certified HIIM

professionals through its rigorous testing standard.

AHIMA currently sponsors the following certification examinations:

Registered Health Information Administrator (RHIA)

Registered Health Information Technician (RHIT)

Certified Coding Associate (CCA)

Certified Coding Specialist (CCS)

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

Certified Health Data Analyst (CHDA)

Certified in Healthcare Privacy and Security (CHPS)

Certified Documentation Improvement Practitioner (CDIP)

Certified Healthcare Technology Specialist (CHTS)

Certified Professional in Health Informatics (CPHI)

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.

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 noncredentialed 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 optimal performance of his or her job. Through credentialing, the practitioner's employer, peers, and the public are reassured 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.

ABOUT AHIMA CREDENTIALS

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

- Successfully complete the academic requirements, at the master's level, of an HIM program accredited by CAHIIM and following a specific set of criteria.

OR

- Graduate from an HIM program approved by a foreign association with which AHIMA has a reciprocity agreement[2]

OR

- Be an RHIT who meets the Proviso conditions approved by the 2017 Commission on Certification for Health Informatics and Information Management (CCHIIM).[3]

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1. 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 coursework but have not yet graduated
   - Graduates currently waiting for their official transcripts

2. AHIMA and the Canadian Health Information Management Association (CHIMA); Korean Medical Record Association (KMRA); and Health Information Management Association of Australia (HIMAA) shall permit a graduate of a program in HIM at the baccalaureate degree level to apply to write the appropriate certification examination consistent with the academic level achieved and given independently by the aforementioned 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.

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.[1]

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)[1,4]

OR

- Graduate from an HIM program approved by a foreign association with which AHIMA has a reciprocity agreement[5]

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

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. Becoming a CCA positions you as a leader in an exciting and growing market. CCAs also:

- Exhibit a level of commitment, competency, and professional capability that attracts employers

- Demonstrate a commitment to the coding profession

- Distinguish themselves from noncredentialed 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 since 2002. More than 8,000 people have attained the certification since its inception. The CCA is the only HIIM credential worldwide currently accredited by the National Commission for Certifying Agencies (NCCA).

Eligibility Requirements

- High school diploma or equivalent (no change)

Training and Recommendations—expanded recommendations (not required):

- Six months coding experience directly applying codes;

OR

- Completion of an AHIMA-approved coding program (PCAP Program);

OR

- Completion of other coding training program to include anatomy and physiology, medical terminology, Basic ICD diagnostic/procedural and Basic CPT coding.

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3. Registered Health Information Technicians (RHIT) who meet the following eligibility requirements will be eligible to sit for the RHIA examination during the timeframe of July 1, 2017 through 2021:
   - Have at least a baccalaureate degree from a regionally accredited institution or nationally recognized accreditor; and
   - Have received their RHIT credential on or before August 31, 2018; and
   - Have complied with the Standards for Maintenance of the RHIT credential.

4. Students interested in obtaining a Post Baccalaureate Certificate, a 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 website at cahiim.org/accredpgms.asp to access the list of CAHIIM-accredited programs.

5. 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.

Certified Coding Specialist (CCS)

CCSs 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-10-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.

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-10-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.

CCS and CCS-P Eligibility Requirements

Candidates must meet one of the following eligibility requirements:

- By Credential: RHIA, RHIT, or CCS/CCS-P;

OR
- By Education: Completion of a coding training program that includes anatomy and physiology, pathophysiology, pharmacology, medical terminology, reimbursement methodology, intermediate/advanced ICD diagnostic/procedural and CPT coding;

OR
- By Experience: Minimum of two (2) years of related coding experience directly applying codes;

OR
- By Credential with Experience: CCA plus one (1) year of coding experience directly applying codes;

OR
- Other: Coding credential from other certifying organization plus one (1) year coding experience directly applying codes.

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 Requirements

Effective February 1, 2016, candidates must meet one of the following eligibility requirements for the Certified Health Data Analyst examination:

- Healthcare information management credential (RHIT®) and minimum of three (3) years of healthcare data experience

- Baccalaureate degree and a minimum of three (3) years of healthcare data experience

- Healthcare information management credential (RHIA®)

- Master's in Health Information Management (HIM) or Health Informatics from an accredited school

- Master's or higher degree and one (1) year of healthcare data experience

All candidates who have applied to sit for the exam prior to February 1, 2016, based on the previous eligibility requirements below will be able to proceed in sitting for the exam

- Associate's degree and minimum of five (5) years of healthcare data experience
- Healthcare information management credential (RHIT®) and minimum of three (3) years of healthcare data experience
- Baccalaureate degree and a minimum of three (3) years of healthcare data experience
- Healthcare information management credential (RHIA®) and minimum of one (1) year of healthcare data experience
- Master's or related degree (JD, MD, or PhD) and one (1) year of healthcare data experience

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
Web: ahima.org/contact

Certified in Healthcare Privacy and Security (CHPS)

The 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 HIIM.

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:

- Associate's degree and six (6) years experience in healthcare privacy or security management
- Healthcare information management credential (RHIT) and minimum of four (4) years of experience in healthcare data experience

- Baccalaureate degree and a minimum of four (4) years experience in healthcare privacy or security management
- Healthcare information management credential (RHIA) and minimum of two (2) years of experience in healthcare privacy or security management
- Master's or related degree (JD, MD, or PhD) and two (2) years of experience in healthcare privacy or security management

Certified Documentation Improvement Practitioner (CDIP)

The CDIP certification will confirm the commitment of AHIMA to globally improve and maintain quality information for those involved in healthcare and support the integrity of the patient's health record.

The certification will distinguish those professionals serving as clinical documentation specialists as knowledgeable and competent to provide guidance relative to clinical documentation in the patient's health record, thus promoting the HIM profession overall.

Eligibility Requirements

- An RHIA, RHIT, CCS, CCS-P, RN, MD, or DO and two (2) years experience in clinical documentation improvement
- An associate's degree or higher and three (3) years of experience in clinical documentation improvement (candidates must also have completed coursework in Medical Terminology and Anatomy and Physiology)

Certified Healthcare Technology Specialist (CHTS) Exams

As the nation moves toward industry-wide adoption of electronic health records (EHRs), the Bureau of Labor Statistics expects a shortage of about 50,000 qualified health IT workers to meet the needs of hospitals and healthcare affiliates. The Certified Healthcare Technology Specialist (CHTS) competency exams allow professionals and employers to capitalize on new technologies, procedures and careers.

The CHTS exams assess the competency of individuals seeking to demonstrate proficiency in certain health IT workforce roles integral to the implementation and management of electronic health information. The CHTS exams assess the competency of health IT professionals to:

- Assess workflows
- Select hardware and software
- Work with vendors
- Install and test systems
- Diagnose IT problems
- Train practice staff on systems

For additional information, please visit ahima.org/certification/chts

Certified Professional in Health Informatics (CPHI)

With the continuing advancements in technology and the increasing demand for qualified health informatics professionals the new informatics credential will provide credibility and recognition to individuals who possess the required knowledge and expertise of health informatics. The new credential will enable an individual to further advance their career. It also demonstrates a competent workforce and professional group for system support, subsequent organizational support, prestige, and the opportunity to belong to a prestigious premier professional association.

Eligibility Requirements[1]

Candidates must meet one of the following eligibility requirements for the Health Informatics examination

- Baccalaureate degree and two (2) years of health informatics experience
- Master's degree or higher and one (1) year of health informatics experience
- Master's degree in health informatics from an accredited health informatics program

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 ahima.org/certification or by submitting a paper application, which can also be found at ahima.org/certification.

When completing the application be sure to:

- 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, p 12).
- Indicate if an acknowledgment letter should be sent to your employer after certification is achieved.
- Include the education program code (EPC) on the application (for RHIA, RHIT, and CCA applicants only).
- Submit verification of eligibility, if applicable. (Official transcript for RHIA and RHIT only)
- Sign and date the application in ink (if using a paper application).
- Make copies for your records.
- Include the correct application fee by referring to the AHIMA website for current exam pricing.
- Mail a paper application, using a traceable method, to:

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

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.

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 redeposited. If the bank does not clear your check, a fee of $25 will be incurred. Visa, MasterCard, American Express, or Discover 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.

Independent Testing Agency

Pearson VUE has been contracted by AHIMA to help 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 more than 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 pearsonvue.com/ahima.

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1. Candidates are responsible for ensuring their eligibility to sit for the exam. Candidates must formally attest to the required experience in health informatics.

TEST TAKERS' RIGHTS AND RESPONSIBILITIES

As a test taker, you have the right to:

- Be informed of your rights and responsibilities as a test taker.

- Be treated with courtesy, respect, and impartiality, regardless of your age, disability, ethnicity, gender, national origin, religion, sexual orientation, or other personal characteristics.

- Be tested with measures that meet professional standards and are appropriate, given the manner in which the test results will be used.

- Receive a 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.

- 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.

- Have your test administered and your test results interpreted by appropriately trained individuals who follow a professional code of ethics.

- 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.

- Receive a written explanation of your test results within a reasonable amount of time after testing and in commonly understood terms.

- Have your test results kept confidential to the extent allowed by law.

- 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:

- Read or listen to your rights and responsibilities as a test taker.

- Treat others with courtesy and respect during the testing process.

- 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.

- 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.

- 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 codebooks, if allowed), and be ready to be tested.

- Follow the test instructions you are given and represent yourself honestly during the testing.

- Be familiar with and accept the consequences of not taking the test, should you choose not to take the test.

- Inform appropriate person(s) (as specified to you by the organization responsible for testing) if you believe that testing conditions affected your results.

- Ask about the confidentiality of your test results, if this aspect concerns you.

- Present concerns, if you have any, about the testing process or results immediately after the test.

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

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AHIMA EXAM APPLICATION CHECKLIST

Candidates must ensure that all items on this checklist are completed in order for their exam to be processed:

- ❏ Read the Candidate Guide

- ❏ Make sure the first and last name provided on the application matches the name on the primary Identification

- ❏ Confirm meeting eligibility criteria

- ❏ Include payment (credit card, check, money order)

- ❏ Complete special accommodations form (American with Disabilities Act), if applicable

- ❏ Sign Statement of Understanding

For RHIA and RHIT candidates only:

- ❏ For Early Testing candidates: Include completed application for early testing with exam application

- ❏ For Certificate of Degree candidates: Send in verification letter from Program Director with exam application

- ❏ For all other candidates: Send in official (sealed) transcripts separately to:

  Paper:
  Certification Transcripts
  233 N. Michigan Ave., 21st Fl.
  Chicago, IL 60601

  OR

  Electronic (if this option is available, vendor information is provided by your school:
  CertificationTranscripts@ahima.org

SCHEDULING THE EXAMINATION

Authorization to Test (ATT) Letters

After eligibility for the examination is approved, Pearson VUE will send the candidate an Authorization to Test (ATT) letter by e-mail for those candidates with a valid e-mail address (see Appendix B). Candidates with an approved application will receive the ATT letter within five (5) business days. 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 and forfeiting the exam fee.

Before scheduling a testing appointment, be sure the name on the eligibility letter is identical to the name on all forms of identification being used. In the event of any errors or a name change, please contact Pearson VUE at (888) 524-4622.

For fast and easy scheduling, testing appointments may be scheduled by logging in at pearsonvue.com/ahima. You may also call Pearson VUE's customer service number at (888) 5AHIMA2 (524-4622) (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, and 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 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 in the US, including addresses and driving directions may be found on Pearson VUE's website: pearsonvue.com/ahima. Global test centers locations can be found by going to ahima.org/certification and click on the corresponding certification exam.

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, their exam fee will be forfeited and candidate must reapply and re-submit another application and fee.

APPOINTMENT CHANGES

Policy on Cancelling or Rescheduling

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

- Candidates may cancel and reschedule the examination up to 15 days prior to the scheduled examination date at no charge.

- 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 through pearsonvue.com/ahima or by calling the Pearson VUE Call Center at (888) 524-4622.

- Candidates may not reschedule the examination less than 24 hours prior to the examination appointment.

- 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.

- Candidates failing to appear for the scheduled appointment or who are over 15 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 business days before exam date	No charge
Between 14 business days and 24 hours prior to exam date	$30
No-shows	Forfeit application fee

Refund Policy

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.

There is a $75 processing fee for all refund requests. Refunds will be credited back to the card that was used for payment. If payment was made with a check; a check will be issued and sent to the mailing address on file.

Please allow two to four weeks for processing if paid with a credit card and up to six weeks if paid with a check.

Refunds will not be granted if requested after eligibility end date.

Penalties

- 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.
- Any candidate who does not bring the correct code books to the testing site will not be allowed to test and the exam fee will be forfeited.
- Any candidate who does not bring the proper identification to the testing site will not be allowed to test and the exam fee will be forfeited.

- Any candidate that arrives to the testing center 15 minutes late after his or her scheduled appointment will not be allowed to test and the exam fee will be forfeited.
- Any candidate who has requested a refund but has not canceled his or her schedule appointment before the end of their eligibility end date will not be eligible for a refund.
- Any candidate who shows up to the wrong testing location will not be allowed to test and the exam fee will be forfeited.
- Any candidate who forfeited his/her exam and is still seeking to test will have to submit a new exam application along with payment.

ELIGIBILITY EXTENSION FEE AND POLICY

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

1. First Request for an Extension–$75
   (valid for 45 days)

2. Second and Final Request for an Extension–$150
   (valid for an additional 30 days)

   Note: No additional extension will be authorized. Extensions are non-refundable

Steps for Requesting an Extension:

1. Complete and submit the Eligibility Extension Request Form (form available on ahima.org/certification) alongwith the required fee by fax (312) 233-1413 or scan to certification@ahima.org

   Note: Requests for an extension must be received no later than 14 business days prior to the scheduled exam date or eligibility end date.

2. 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 prior to requesting an extension.

3. 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 ahima.org/certification. You will be able to:
  - Review exam specifications
  - Review content outline
  - 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 meet the requirements posted on pearsonvue.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 15 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

To be allowed to test, candidates must present a primary form of ID containing their signature and picture, and a second form of ID showing their signature. The name on the primary and secondary forms of ID must match the name appearing on the ATT letter.

Acceptable forms of **primary ID** must be valid and nonexpired, and feature the candidate's photograph and signature. These include:

- Government-issued driver's license, including temporary license 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)

Acceptable forms of **secondary ID** must be valid and nonexpired, and feature the candidate's signature. These include:

- Social Security card
- Debit/ATM card
- Credit card (must have a visible expiration date)
- Any form of ID on the primary list

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

- Expired driver's license or expired passport
- Library card
- Marriage certificate
- Voter's registration card
- Club membership card
- Public aid card
- Temporary driver's license without proper paperwork and photo identification
- Temporary Social Security card without signature

- 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 pearsonvue.com/ahima.

Test Center Restrictions

To ensure 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:

- For CCA, CCS, and CCS-P exams, candidates are required to bring codebooks as indicated on the list of allowable code books. (**The list of allowable code for the CCA, CCS, and CCS-P are located on the AHIMA website**).
- No reference or study materials may be brought into the examination room.
- Code books with 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). No handmade tabs will be allowed. Post-It® Notes and any loose materials are not allowed (code books are for use on CCA, CCS, and CCS-P exams only).
- Code books with Post-It Notes and/or loose materials will not be 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 in the examination room. Prohibited items include, but are not limited to, the following: calculators, pagers, cell phones, electronic digital devices (PDAs, watches, and the like), 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 devices such as calculators, pagers, cell phones, and tablets
- 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 another 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.

Medical or Personal Emergency

A medical or personal emergency is an unplanned event within three (3) days of the examination appointment that prevents you from taking the exam will be taken into consideration. A medical or personal emergency may apply to you or one of your immediate family member; spouse, child, or parent as defined by the Family Medical Leave Act. Documentation (i.e., doctor's note, emergency room forms, obituary) showing why you could not take your exam will be required. Once all documentation is reviewed the candidate will be notified via e-mail with a decision. Please note: Without the submission of proper documentation, refunds or extensions will not be granted and all exam fees will be forfeited. All documentation must be submitted no later than 15 business days from the date of the exam appointment.

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.

Newly credentialed professionals (if authorized) will appear on AHIMA's website at secure.ahima.org/certification/newly_credentialed.aspx.

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 by 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 website (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 can view and print their certificate in their CEU center which can be accessed at www.my.ahima.org. The candidate's name will appear on the certificate exactly as it appears on the candidate's AHIMA profile.

Candidates who apply for early testing and successfully pass their exam will have their credential officially granted once transcripts are received and verified and will be subject to the recertification requirements as required by CCHIIM. The exam date will be used as the official date the credential is granted.

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 and Process

Candidates who have taken and failed an examination must wait a minimum of 90 days before your application will be approved for the CDIP, CHDA, CHPS, CPHI, and CCS-P, and 45 days for the CCA, CCS, CHTS, 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.

Candidates who are currently in their retest waiting period are not authorized to schedule until a new authorization to test letter has been issued.

AHIMA is not authorized to waive retest periods due to test security policies.

For more information please visit ahima.org/certification.

Use of the Credential

Candidates who pass the examination will be authorized to use RHIA, RHIT, CCA, CCS, CCS-P, CHDA, CHPS,

CDIP, or CHTS 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, CCA, CDIP, and CHTS) 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: secure.ahima. org/certification/newly_credentialed.aspx.

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 e-mail at: credential_verification@ahima.org and are processed within two to three business days. Requests must be submitted on the company letterhead with the following information:

- Requestor's name and title
- Certified professional's name
- Credential
- Certified professional's current residence (city and state)

APPENDIX A

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 ahima.org/ethics.

Last Name	First Name	Middle Initial	Credential

Employer

Address   ❑ Home   ❑ Work

City	State	Zip Code	Country

Home Phone

E-mail Address

Birthdate	Last 4 digits of SSN

Membership Categories

Premier—Includes the highest level of AHIMA member benefits and services. Premier members in good standing are entitled to all Premier membership privileges including the right to vote.

New to AHIMA—This introductory membership type is available for up to two years to any individual who has not previously been a member of AHIMA.

Active Membership—For 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.

Emeritus Membership—To apply for Emeritus membership, please visit ahima.org/join. AHIMA members 65 and over are eligible for this member type.

Student Membership—To apply for student membership, please visit ahima.org/join.

Global/Outside US (oUS) Membership—To apply for Global/oUS membership, please visit ahima.org/join

Membership Dues

❑ Premier (unlimited credentials) $249
❑ Premier (no credential) $199
❑ Active..$185
For your first credential and $10 for each additional credential
❑ Active (no credential) $135
❑ New to AHIMA...$129
For your first credential and $10 for each additional credential
❑ New to AHIMA (no credential) $79
❑ Voluntary AHIMA Foundation Contribution $10

Total ____

Membership dues prices are guaranteed through December 31, 2017.

Are you interested in group membership options? Please contact James Bell at (312) 233-1967.

Payment Methods

❑ Check/Money Order   Make checks payable to AHIMA.

❑ Visa   ❑ MasterCard   ❑ American Express   ❑ Discover

Card #   Exp. Date

Signature   Date

Component State Association (CSA)

As a member residing in the United States, at least twenty percent (20%) of your membership dues are reimbursed to the CSA of your choice. A CSA will be assigned based on your address on this form. Please contact AHIMA if you wish to change your assigned CSA. Some CSAs charge an additional assessment for membership.

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

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.

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% of your dues payment is not deductible because of AHIMA's lobbying activities on behalf of its members.

**Remit to: AHIMA, Dept. 77-3081
                Chicago, IL 60678-3081, or**

Fax to: (312) 233-1500

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Authorization to Test Letter

PLEASE DO NOT RESPOND TO THIS E-MAIL

Authorization to Test

You have been authorized to take a certification exam at a Pearson VUE testing center. Information on the certification exam, the testing rules, and how to schedule your certification exam follows:

Authorized Candidate: John Doe

AHIMA Candidate ID: 1234567

Client Authorization ID: 891011 **Pearson VUE Authorization ID:** 223344556

Exam: CCS—Certified Coding Specialist

Number of Attempts Authorized: 1

Authorized Dates: 29 January 2013–29 May 2013

If any details of your authorization to test are incorrect, please contact AHIMA immediately at (800) 335-5535 or Pearson VUE at (888) 524-4622 prior to scheduling your examination. Please note that the name on both your primary and secondary forms of identification must exactly match your name as printed on this ATT letter.

ADA APPLICANTS
If you were approved for ADA accommodations you will receive a confirmation e-mail from AHIMA within 48 hours. The confirmation e-mail will provide the phone number **you must** use to schedule your AHIMA exam. ADA candidates who do not schedule their exam through the proper channels will not receive their approved accommodations.

EXAMINATION DAY
You must be prepared to show two (2) valid, non-expired forms of personal identification. For more information on the acceptable forms of identification, please visit www.pearsonvue.com/ahima. In addition, we ask that you arrive at the testing center 30 minutes before your scheduled appointment time. This will provide adequate time to complete the necessary sign-in procedures. If you arrive more than 15 minutes late for an examination you will be considered a no-show and forfeit your exam fee.

CODE BOOK INFORMATION (FOR CCA, CCS, AND CCS-P EXAMS ONLY)
Please visit AHIMA's Certification website at www.ahima.org/certification prior to your testing date. Click "Exam Name" for information for the exam that you are taking, then click "Exam Preparation" for the versions of the coding books you're required to bring to the testing center for the exam.

RESCHEDULE AND CANCEL POLICY

If you wish to reschedule or cancel your exam appointment, you must do so at least one full business day (24 hours) before the appointment via the Pearson VUE website or call center. Appointments must be rescheduled within the authorized exam delivery period. All registrations with accommodations must be rescheduled or canceled through the call center. If you cancel your exam appointment, **you must also inform AHIMA and contact AHIMA regarding refund policies**. If you cancel or reschedule your appointment between 14 days and one full business day (24 hours)

APPENDIX B (continued)

Authorization to Test Letter

prior to your appointment time, you will be charged $30. If your request is 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.

REFUND POLICY
All refunds must be sent through AHIMA; Pearson VUE cannot process refunds for candidates. A cancellation of an exam appointment does not constitute an exam refund. Please contact AHIMA at www.ahima.org/customersupport for refunds.

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 can view and print their certificate in their CEU center within 48 business hours. The CEU center can be access at www.my.ahima.org.

INSTRUCTIONS FOR SCHEDULING YOUR APPOINTMENT

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 Website, go to this address:
http://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 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 a full listing of contact numbers please visit: http://www.pearsonvue.com/contact

You will be able to select a date and time within the authorized testing dates listed above, at a testing center of your choice. 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.

PEARSON VUE

www.pearsonvue.com

http://www.pearsonvue.com/legal/privacy/

Sample Pass Score Report

AHIMA
American Health Information
Management Association®

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

Test Taker
1002 Examination Lane   Examination Date: 7/1/XXXX
Houston, TX 00000

Passing Score: 300
Your Score: 300
Result: Pass

Content Category By domain	**Percent**
Correct	
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*}. Candidates who pass the examination can view and print their certificate in their CEU center within 48 business hours. The CEU center can be access at www.my.ahima.org.

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.

Sample Fail Score Report

AHIMA
American Health Information
Management Association®

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

Test Taker
1002 Examination Lane   Examination Date: 7/1/XXXX
Houston, TX 00000

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.

Sample Test Completion Notice

AHIMA
American Health Information
Management Association®

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

Test Taker
1002 Examination Lane   Examination Date: 7/1/XXXX
Houston, TX 00000   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 E

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. CCHIIM will administer the CCA, RHIA, and RHIT exams using multiple test forms. As such, each test form may have a different passing score to ensure 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 so that a particular score corresponds to the same level of achievement regardless of the form the examination takes. 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 the candidate will not be penalized if the form of the examination taken is harder than one given to another candidate.

Each domain of the exam is weighted differently, as shown on the content outline available on the Certification exams website and therefore cannot be average for a score. Additionally, although it would appear that the passing score of 300/400 equates to 75%, the passing score is actually 300/400 based on our confidential scoring scale.

3. Does the use of scaled scoring change the number of candidates who 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.

4. 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 and exam scoring information.

APPENDIX F

AHIMA Accommodations under the Americans with Disabilities Act (ADA) Policies and Procedures

How to Request Test Accommodations for the Certification Examinations

- The applicant must personally submit a written request.

- Requests by a third party (such as an evaluator, employer, etc.) will not be considered.

- If an applicant has a documented disability covered under the Americans with Disabilities Act (ADA) and ADA Amendments Act (ADAAA) and requires test accommodations, he or she must notify AHIMA in writing each time he or she requests accommodations.

- The request should indicate the nature of the disability and the specific test accommodations needed.

- A qualified professional must provide documentation verifying the disability and explaining the test accommodations that are needed.

- Applicants will be notified in writing whether their accommodation request has been approved.

What to Do:

- Read the AHIMA Disability Documentation Guidelines carefully and share them with the qualified professional who will be providing supporting documentation for your request.

- Complete the AHIMA Test Accommodation Request form.

- Attach documentation of the disability and your need for accommodation.

- **Incomplete documentation will delay processing of your request and exam application.**

APPENDIX G

Registered Health Information Administrator (RHIA) Examination Content Outline

Number of Questions on Exam:
- **180 multiple choice (160 scored/20 pretest)**

Exam Time: 4 hours—Any breaks taken will count against your exam time

DOMAIN 1
Data Content, Structure & Standards (Information Governance) (18–22%)

Tasks:

A. Classification Systems

    A1. Code diagnosis and procedures, according to established guidelines

B. Health Record Content & Documentation

    B1. Ensure accuracy and integrity of health data and health record documentation (paper or electronic)

    B2. Manage the contents of the legal health record (structured and unstructured)

    B3. Manage the retention and destruction of the legal health record

C. Data Governance

    C1. Maintain data in accordance with regulatory requirements

    C2. Develop and maintain organizational policies, procedures, and guidelines for management of health information

D. Data Management & Secondary Data Sources

    D1. Manage health data elements and/or data sets

    D2. Assist in the maintenance of the data dictionary and data models for database design

    D3. Manage and maintain databases (e.g., data migration, updates)

DOMAIN 2
Information Protection: Access, Disclosure, Archival, Privacy & Security (23–27%)

Tasks:

A. Health Law

    A1. Maintain healthcare privacy and security training programs

    A2. Enforce and monitor organizational compliance with healthcare information laws, regulations and standards (e.g., audit, report and/or inform)

B. Data Privacy, Confidentiality, and Security

    B1. Design policies and implement privacy practices to safeguard Protected Health Information

    B2. Design policies and implement security practices to safeguard Protected Health Information

    B3. Investigate and resolve healthcare privacy and security issues/breaches

C. Release of Information

    C1. Manage access, disclosure, and use of Protected Health Information to ensure confidentiality

    C2. Develop policies and procedures for uses and disclosures/redisclosures of Protected Health Information

DOMAIN 3
Informatics, Analytics & Data Use (22–26%)

Tasks:

A. Health Information Technologies

    A1. Implement and manage use of and access to technology applications

    A2. Evaluate and recommend clinical, administrative, and specialty service applications (e.g., financial systems, electronic record, clinical coding)

B. Information Management Strategic Planning

    B1. Present data for organizational use (e.g., summarize, synthesize, and condense information)

C. Analytics & Decision Support

    C1. Filter and/or interpret information for the end customer

    C2. Analyze and present information to organizational stakeholders

    C3. Use data mining techniques to query and report from databases

D. Healthcare Statistics

    D1. Calculate healthcare statistics for organizational stakeholders

    D2. Critically analyze and interpret healthcare statistics for organizational stakeholders (e.g., CMI)

E. Research Methods

    E1. Identify appropriate data sources for research

F. Consumer Informatics

Registered Health Information Administrator (RHIA) Examination Content Outline

F1. Identify and/or respond to the information needs of internal and external healthcare customers

F2. Provide support for end-user portals and personal health records

G. Health Information Exchange

G1. Apply data and functional standards to achieve interoperability of healthcare information systems

G2. Manage the health information exchange process entity-wide

H. Information Integrity and Data Quality

H1. Apply data/record storage principles and techniques associated with the medium (e.g., paper-based, hybrid, electronic)

H2. Manage master person index (e.g., patient record integration, customer/client relationship management)

H3. Manage merge process for duplicates and other errors entity-wide (e.g., validate data sources)

DOMAIN 4
Revenue Management (12–16%)

Tasks:

A. Revenue Cycle & Reimbursement

A1. Manage the use of clinical data required in reimbursement systems and prospective payment systems (PPS)

A2. Optimize reimbursement through management of the revenue cycle (e.g., chargemaster maintenance, DNFB, and AR days)

B. Regulatory

B1. Prepare for accreditation and licensing processes (e.g. Joint Commission, Det Norske Veritas (DNV), Medicare, state regulators)

B2. Process audit requests (e.g., RACs or other payors, chart review)

B3. Perform audits (e.g., chart review, POC)

C. Coding

C1. Manage and/or validate coding accuracy

D. Fraud Surveillance

D1. Participate in investigating incidences of medical identity theft

E. Clinical Documentation Improvement

E1. Query physicians for appropriate documentation to support reimbursement

E2. Educate and train clinical staff regarding supporting documentation requirements

DOMAIN 5
Leadership (12–16%)

Tasks:

A. Leadership Roles

A1. Develop, motivate, and support work teams and/or individuals (e.g., coaching, mentoring)

A2. Organize and facilitate meetings

A3. Advocate for department, organization, and/or profession

B. Change Management

B1. Participate in the implementation of new processes (e.g., systems, EHR, CAC)

B2. Support changes in the organization (e.g., culture changes, HIM consolidations, outsourcing)

C. Work Design & Process Improvement

C1. Establish and monitor productivity standards

C2. Analyze and design workflow processes

C3. Participate in the development and monitoring of process improvement plans

D. Human Resources Management

D1. Perform human resource management activities (e.g., recruiting staff, creating job descriptions, resolving personnel issues)

E. Training & Development

E1. Conduct training and educational activities (e.g. HIM systems, coding, medical and institutional terminology, documentation and regulatory requirements)

F. Strategic & Organizational Management

F1. Monitor industry trends and organizational needs to anticipate changes

F2. Determine resource needs by performing analyses (e.g., cost benefit, business planning)

F3. Assist with preparation of capital budget

G. Financial Management

G1. Assist in preparation and management of operating and personnel budgets

Registered Health Information Administrator (RHIA) Examination Content Outline

  G2. Assist in the analysis and reporting on budget variances

H. Ethics

  H1. Adhere to the AHIMA code of ethics

I. Project Management

  I1. Utilize appropriate project management methodologies

J. Vendor/Contract Management

  J1. Evaluate and manage contracts (e.g., vendor, contract personnel, maintenance)

K. Enterprise Information Management

  K1. Develop and support strategic and operational plans for entity-wide health information management

APPENDIX H

Registered Health Information Technician (RHIT) Exam

Number of Questions on Exam:
- **150 multiple-choice questions (130 scored/20 pretest)**

Exam Time: 3.5 hours – no breaks

DOMAIN 1
Data Content, Structure, and Information Governance (24–28%)

Tasks:

1. Apply health information guidelines (e.g., coding guidelines, CMS, facility or regional best practices, federal and state regulations)
2. Apply healthcare standards (e.g., Joint Commission, Meaningful Use)
3. Define the legal health record
4. Maintain the integrity of the legal health record
5. Audit content and completion of the legal health record (e.g., validate document content)
6. Maintain secondary health information (e.g., patient registration, financial records)
7. Educate clinicians on documentation and content
8. Coordinate document control (e.g., create, revise, standardize forms)
9. Maintain the MPI

DOMAIN 2
Access, Disclosure, Privacy, and Security (12–16%)

Tasks:

1. Manage disclosure of PHI using laws, regulations, and guidelines (e.g., ROI, accounting of disclosures)
2. Determine right of access to the legal health record
3. Educate internal customers (e.g., clinicians, staff, volunteers, students) on privacy, access, and disclosure
4. Educate external customers (e.g., patients, insurance companies, attorneys) on privacy, access, and disclosure
5. Assess health record disposition (retain, archive, or destroy)
6. Conduct privacy audits
7. Conduct security audits

DOMAIN 3
Data Analytics and Use (14–18%)

Tasks:

1. Abstract data
2. Analyze data
3. Analyze privacy audits
4. Analyze security audits
5. Report data (e.g., registries, core measures)
6. Compile healthcare statistics and reports
7. Analyze healthcare statistics (e.g., census productivity, delinquency rates, resource allocation)

DOMAIN 4
Revenue Cycle Management (14–18%)

Tasks:

1. Code medical record documentation
2. Query clinicians
3. Conduct utilization review
4. Manage denials (e.g., coding or insurance)
5. Conduct coding audits
6. Provide coding education
7. Monitor DNFB
8. Analyze the case mix

DOMAIN 5
Compliance (13–17%)

Tasks:

1. Refine departmental procedures
2. Perform quality assessments
3. Assess risks (e.g., patient care, legal)
4. Report health information noncompliance
5. Ensure HIM compliance (e.g., coding, ROI, CDI)
6. Maintain standards for HIM functions (e.g., chart completion, coding accuracy, ROI turnaround time, departmental workflow)
7. Monitor regulatory changes for timely and accurate implementation

APPENDIX H (continued)

Registered Health Information Technician (RHIT) Exam

DOMAIN 6
Leadership (11-15%)

Tasks:

1. Provide education regarding HIM laws and regulations

2. Review HIM processes

3. Create or modify HIM policies

4. Create or modify HIM procedures

5. Establish standards for HIM functions (e.g., chart completion, coding accuracy, ROI, turnaround time, departmental workflow)

6. Collaborate with other departments for HIM interoperability

7. Provide HIM technical expertise

APPENDIX I

Certified Coding Associate (CCA) Examination Content Outline

Number of questions on exam:
- **100 multiple-choice questions (90 scored/10 pretest)**

Exam Time: 2 hours—Any breaks taken will count against your exam time

DOMAIN 1
Clinical Classification Systems (30–34%)

Tasks:
1. Interpret healthcare data for code assignment
2. Incorporate clinical vocabularies and terminologies used in health information systems
3. Abstract pertinent information from medical records
4. Consult reference materials to facilitate code assignment
5. Apply inpatient coding guidelines
6. Apply outpatient coding guidelines
7. Apply physician coding guidelines
8. Assign inpatient codes
9. Assign outpatient codes
10. Assign physician codes
11. Sequence codes according to healthcare setting

DOMAIN 2
Reimbursement Methodologies (21–25%)

Tasks:
1. Sequence codes for optimal reimbursement
2. Link diagnoses and CPT codes according to payer specific guidelines
3. Assign correct DRG
4. Assign correct APC
5. Evaluate NCCI edits
6. Reconcile NCCI edits
7. Validate medical necessity using LCD and NCD
8. Submit claim forms
9. Communicate with financial departments
10. Evaluate claim denials
11. Respond to claim denials
12. Resubmit denied claim to the payer source
13. Communicate with the physician to clarify documentation

DOMAIN 3
Health Records and Data Content (13–17%)

Tasks:
1. Retrieve medical records
2. Assemble medical records according to healthcare setting
3. Analyze medical records quantitatively for completeness
4. Analyze medical records qualitatively for deficiencies
5. Perform data abstraction
6. Request patient-specific documentation from other sources (ancillary depts., physician's office, etc)
7. Retrieve patient information from master patient index
8. Educate providers in regards to health data standards
9. Generate reports for data analysis

DOMAIN 4
Compliance (12–16%)

Tasks:
1. Identify discrepancies between coded data and supporting documentation
2. Validate that codes assigned by provider or electronic systems are supported by proper documentation
3. Perform ethical coding
4. Clarify documentation through physician query
5. Research latest coding changes
6. Implement latest coding changes
7. Update fee/charge ticket based on latest coding changes
8. Educate providers on compliant coding
9. Assist in preparing the organization for external audits

Certified Coding Associate (CCA) Examination Content Outline

DOMAIN 5
Information Technologies (6–10%)

Tasks:

1. Navigate throughout the EHR
2. Utilize encoding and grouping software
3. Utilize practice management and HIM systems
4. Utilize CAC software that automatically assigns codes based on electronic text
5. Validate the codes assigned by CAC software

DOMAIN 6
Confidentiality & Privacy (6–10%)

Tasks:

1. Ensure patient confidentiality
2. Educate healthcare staff on privacy and confidentiality issues
3. Recognize and report privacy issues/violations
4. Maintain a secure work environment
5. Utilize pass codes
6. Access only minimal necessary documents/information
7. Release patient-specific data to authorized individuals
8. Protect electronic documents through encryption
9. Transfer electronic documents through secure sites
10. Retain confidential records appropriately
11. Destroy confidential records appropriately

APPENDIX J

Certified Coding Specialist (CCS) Examination Content Outline

Number of Questions on exam:
- **97 multiple-choice questions (79 scored/18 pretest)**
- **8 medical scenarios (6 scored/2 pretest)**

Exam Time: 4 hours—Any breaks taken will count against your exam time

DOMAIN 1
Health Information Documentation (8–10%)

Tasks:

1. Interpret health record documentation using knowledge of anatomy, physiology, clinical indicators and disease processes, pharmacology and medical terminology to identify codeable diagnoses and/or procedures

2. Determine when additional clinical documentation is needed to assign the diagnosis and/or procedure code(s)

3. Consult with physicians and other healthcare providers to obtain further clinical documentation to assist with code assignment

4. Compose a compliant physician query

5. Consult reference materials to facilitate code assignment

6. Identify patient encounter type

7. Identify and post charges for healthcare services based on documentation

DOMAIN 2
Diagnosis & Procedure Coding (64–68%)

Tasks:

Diagnosis:

1. Select the diagnoses that require coding according to current coding and reporting requirements for acute care (inpatient) services

2. Select the diagnoses that require coding according to current coding and reporting requirements for outpatient services

3. Interpret 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

4. Sequence 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)

5. Apply the official ICD-10-CM/PCS coding guidelines

Procedure:

1. Select the procedures that require coding, according, to current coding and reporting requirements for acute care (inpatient) services

2. Select the procedures that require coding according to current coding and reporting requirements for outpatient services

3. Interpret conventions, formats, instructional notations, and definitions of the classification system and/or nomenclature to select procedures/services that require coding

4. Sequence procedures according to notations and conventions of the classification system/nomenclature and standard data set definitions (such as UHDDS)

5. Apply the official ICD-10 procedure coding guidelines

6. Apply the official CPT/HCPCS Level II coding guidelines

DOMAIN 3
Regulatory Guidelines and Reporting Requirements for Acute Care (Inpatient) Service (6–8%)

Tasks:

1. Select the principal diagnosis, principal procedure, complications, comorbid conditions, other diagnoses and procedures that require coding according to UHDDS definitions and *Coding Clinic*

2. Assign the present on admission (POA) indicators

3. Evaluate the impact of code selection on Diagnosis Related Group (DRG) assignment

4. Verify DRG assignment based on Inpatient Prospective Payment System (IPPS) definitions

5. Assign and/or validate the discharge disposition

Certified Coding Specialist (CCS) Examination Content Outline

DOMAIN 4
Regulatory Guidelines and Reporting
Requirements for Outpatient Services (6–8%)

Tasks:

1. Select the reason for encounter, pertinent secondary conditions, primary procedure, and other procedures that require coding according to UHDDS definitions, CPT Assistant, *Coding Clinic*, and HCPCS

2. Apply Outpatient Prospective Payment System (OPPS) reporting requirements:

   a. Modifiers

   b. CPT/HCPCS Level II

   c. Medical necessity

   d. Evaluation and Management code assignment (facility reporting)

3. Apply clinical laboratory service requirements

DOMAIN 5
Data Quality and Management (2–4%)

Tasks:

1. Assess the quality of coded data

2. Communicate with healthcare providers regarding reimbursement methodologies, documentation rules, and regulations related to coding

3. Analyze health record documentation for quality and completeness of coding

4. Review the accuracy of abstracted data elements for database integrity and claims processing

5. Review and resolve coding edits such as Correct Coding Initiative (CCI), Medicare Code Editor (MCE) and Outpatient Code Editor (OCE)

DOMAIN 6
Information and Communication Technologies (1–3%)

Tasks:

1. Use computer to ensure data collection, storage, analysis, and reporting of information.

2. Use common software applications (for example, word processing, spreadsheets, and e-mail) in the execution of work processes

3. Use specialized software in the completion of HIM processes

DOMAIN 7
Privacy, Confidentiality, Legal, and Ethical Issues (2–4%)

Tasks:

1. Apply policies and procedures for access and disclosure of personal health information

2. Apply AHIMA Code of Ethics/Standards of Ethical Coding

3. Recognize and report privacy and/or security concerns

4. Protect data integrity and validity using software or hardware technology

DOMAIN 8
Compliance (2–4%)

Tasks:

1. Evaluate the accuracy and completeness of the patient record as defined by organizational policy and external regulations and standards

2. Monitor compliance with organization-wide health record documentation and coding guidelines

3. Recognize and report compliance concerns

APPENDIX K

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

Number of Questions on Exam:
- **97 multiple-choice questions (79 scored/18 pretest)**
- **8 medical scenarios (6 scored/2 pretest)**

Exam Time: 4 hours—Any breaks taken will count against your exam time

DOMAIN 1
Health Information Documentation (8–12%)

Tasks:

1. Interpret health record documentation using knowledge of anatomy, physiology, clinical indicators and disease processes, pharmacology and medical terminology to identify codeable diagnoses and/or procedures

2. Determine when additional clinical documentation is needed to assign the diagnosis and/or procedure code(s)

3. Consult with physicians and other healthcare providers to obtain further clinical documentation to assist with code assignment

4. Consult reference materials to facilitate code assignment

5. Identify patient encounter type

6. Identify and post charges for healthcare services based on documentation

DOMAIN 2
Diagnosis and/or Procedure Coding (60–64%)

Tasks:

Diagnosis:

1. Interpret 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

2. Select the diagnoses that require coding according to current coding and reporting requirements for outpatient services

3. Sequence diagnoses and other reasons for encounter according to notations and conventions of the classification system and standard data set definitions

4. Apply the official ICD-10-CM coding guidelines

Procedure:

1. Interpret conventions, formats, instructional notations, and definitions of the classification system and/or nomenclature to select procedures/services that require coding

2. Select the procedures that require coding, according, to current reporting requirements for professional services in any setting

3. Sequence procedures according to notations and conventions of the classification system/nomenclature and standard data set definitions

4. Apply the official CPT/HCPCS Level II coding guidelines

DOMAIN 3
Regulatory Guidelines and Reporting Requirements for Outpatient Services (8–12%)

Tasks:

1. Select the reason for encounter, pertinent secondary conditions, primary procedure, and other procedures that require coding according to CPT Assistant, *Coding Clinic*, and HCPCS

2. Apply appropriate reporting requirements:
    a. Modifiers
    b. CPT/ HCPCS Level II
    c. Evaluation and Management code assignment

3. Validate medical necessity for appropriate relationships between diagnosis and coded procedures/services

DOMAIN 4
Data Quality and Management (5–7%)

Tasks:

1. Review the results of aggregate coded data as required

2. Communicate with healthcare providers regarding reimbursement methodologies, documentation rules, and regulations related to coding

3. Analyze health record documentation for quality and completeness of coding

4. Review the accuracy of abstracted data elements for database integrity and claims processing

5. Resolve coding edits such as National Correct Coding Initiative (NCCI)

APPENDIX K (continued)

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

DOMAIN 5
Information and Communication Technologies
(2–4%)

Tasks:

1. Use computer and mobile devices (tablet, hand-held, etc.) to ensure data collection, storage, analysis, and reporting of information

2. Use common software and web-based applications in the execution of work processes

3. Use specialized software in the completion of HIM processes

DOMAIN 6
Privacy, Confidentiality, Legal, and Ethical
Issues (4–6%)

Tasks:

1. Apply policies and procedures for access and disclosure of protected health information

2. Apply AHIMA Code of Ethics/Standards of Ethical Coding

3. Report privacy and/or security concerns

4. Protect data integrity and validity using software or hardware technology

DOMAIN 7
Compliance (3–5%)

Tasks:

1. Evaluate the accuracy and completeness of the patient record as defined by organizational policy and external regulations and standards

2. Monitor compliance with organization-wide coding guidelines

3. Report compliance concerns

APPENDIX L

Certified Health Data Analyst (CHDA) Content Outline

Number of Questions on Exam:
- **150 multiple-choice (130 scored/20 pretest)**

Exam Time: 3.5 hours—no breaks

DOMAIN 1
Business Needs Assessment (19–23%)

Tasks:
1. Determine the stakeholders
2. Facilitate problem identification with stakeholders
3. Evaluate external measures or requirements
4. Translate words into metrics
5. Determine analytical methods
6. Create an analysis plan

DOMAIN 2
Data Acquisition and Management (21–25%)

Tasks:
1. Identify sources of data or information
2. Develop data collection techniques
3. Extract data or information
4. Explore data or information
5. Cleanse acquired data
6. Map data
7. Validate data

DOMAIN 3
Data Analysis (19–23%)

Tasks:
1. Query data
2. Determine statistical approach
3. Apply statistical methodologies
4. Observe changes and variations in data
5. Visualize data for analysis

DOMAIN 4
Data Interpretation and Reporting (20–24%)

Tasks:
1. Identify key findings
2. Develop recommendations
3. Disclose assumptions and limitations
4. Create visualizations for stakeholders
5. Communicate findings to stakeholders

DOMAIN 5
Data Governance (11–15%)

Tasks:
1. Participate in the development of policies for access, ownership, integrity, or usage of data
2. Implement procedures for access, ownership, integrity, or usage of data
3. Manage data dictionary
4. Ensure adherence to security and privacy policies
5. Maintain audit logs or controls of analyses and data submission

APPENDIX M

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

Number of Questions on Exam:
- **150 multiple-choice (125 scored/25 pretest)**

Exam Time: 3.5 hours—Any breaks taken will count against your exam time

DOMAIN 1
Ethical, Legal, and Regulatory Issues/Environmental Assessment (23–27%)

Tasks:

1. Serve as a resource (provide guidance) to your organization regarding privacy and security laws, regulations, and standards of accreditation agencies to help interpret and apply the standards

2. Demonstrate privacy and security compliance with documentation, production, and retention as required by State and Federal law as well as accrediting agencies

3. Identify responsibilities as a privacy officer and/or security officer

DOMAIN 2
Program Management and Administration (23–27%)

Tasks:

1. Create, document, and communicate information to include but not limited to minimum necessary protocols

2. Manage contracts and business associate relationships and secure appropriate agreements related to privacy and security (e.g., BAA, SLA, etc.)

3. Evaluate and monitor facility security plan to safeguard unauthorized physical access to information and prevent theft or tampering

4. Develop, deliver, evaluate, and document training and awareness on information privacy and security to provide an informed workforce

5. Work with appropriate organization officials to verify that information used or disclosed for research complies with organizational policies and procedures and applicable privacy regulations

6. Assess, recommend, revise, and communicate changes to organizational policies, procedures, and practices related to privacy and security

7. Assess and communicate risks and ramifications of privacy and security incidents, including those by business associates

8. Establish a preventive program to detect, prevent and mitigate privacy/security breaches

9. Recommend appropriate de-identification methodologies

10. Verify that requesters of protected information are authorized and permitted to receive the protected information (subpoena, court orders, search warrants)

11. Define HIPAA-designated record sets for the organization in order to appropriately respond to a request for release of information

12. Identify information and record sets requiring special privacy protections

13. Recommend, review and approve protocols to verify identity and access rights of recipients/users of health information

14. Establish, maintain, and ensure the distribution process of the organization's Notice of Privacy Practices

15. Establish and maintain operational systems to receive, process, and document requests for patients' rights as outlined in the Notice of Privacy Practices

DOMAIN 3
Information Technology/Physical and Technical Safeguards (23–27%)

Tasks:

1. Participate in the development and verify maintenance of the inventory of software, hardware, and all information assets to protect information assets and to facilitate risk analysis

2. Participate in business continuity planning for planned downtime and contingency planning for emergencies and disaster recovery

3. Participate in evaluation, selection, and implementation of information privacy and security solutions

4. Implement a systematic process to evaluate risk to and criticalities of information systems which contain PHI

5. Participate in media control practices that govern the receipt, removal, re-use, or disposal (internal and external destruction) of any media or devices containing sensitive data

6. Assess and monitor physical security mechanisms to limit the access of unauthorized personnel to facilities, equipment and information

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

7. Establish reasonable safeguards to reduce incidental disclosures and prevent privacy breaches

8. Participate in the development and management of the organization's information security plan

9. Participate in the organizational risk analysis plan to identify threats and vulnerabilities

10. Monitor compliance with the security policies and ensure compliance with technical, physical, and administrative safeguards

11. Establish internal policies, procedures and rules to protect information and participate in development of guidelines, procedures and controls to ensure the integrity, availability and confidentiality of communication across networks

12. Ensure appropriate technologies are used to protect information received from or transmitted to external users

13. Advocate the use of event triggering to identify abnormal conditions within a system (e.g., intrusion detection, denial of service, and invalid log-on attempts).

14. Establish and manage facilitate process for verifying and controlling access authorizations, authentication mechanisms, and privileges including emergency access

15. Evaluate the use of encryption for protected health information and other sensitive data

DOMAIN 4
Investigation, Compliance, and Enforcement
(23–27%)

Tasks:

1. Monitor and assess compliance with state and federal laws and regulations related to privacy and security to update organizational practices, policies, procedures and training of workforce

2. Coordinate the organization's response to inquiries and investigations from external entities relating to privacy and security to provide response consistent with organizational policies and procedures

3. Develop performance measures and reports to monitor and improve organizational performance and report to appropriate organizational body

4. Enforce privacy and security policies, procedures, and guidelines to facilitate compliance with federal, state, and other regulatory or accrediting bodies

5. Monitor access to protected health information

6. Establish an incident/complaint investigation response, develop response plan, and identify team members to respond to a privacy or security incident

7. Coordinate mitigation efforts

8. Develop policy and procedure for breach notification (federal)

9. Educate workforce on reporting requirements for breach notification (federal)

10. Perform risk assessment for breach notification (federal)

11. Notify appropriate individuals/agencies/media within time frame for breach notification (federal)

12. Maintain the appropriate documentation for breach notification (federal)

APPENDIX N

Certified Documentation Improvement Practitioner (CDIP) Examination Content Outline

Number of questions on exam:
- **140 multiple-choice (106 scored/34 pretest)**

Exam Time: 3 hours—Any breaks taken will count against your exam time

DOMAIN 1
Clinical Coding Practice (22–26%)

Tasks:

1. Use reference resources for code assignment
2. Identify the principal and secondary diagnoses in order to accurately reflect the patient's hospital course
3. Use coding software
4. Assign and sequence ICD-10-CM/PCS codes
5. Use coding conventions
6. Display knowledge of Payer requirements for appropriate code assignment (e.g., CMS, APR, APG)
7. Assign appropriate DRG codes
8. Communicate with the coding/HIM staff to resolve discrepancies between the working and final DRGs
9. Participate in educational sessions with staff to discuss infrequently encountered
10. Assign CPT and/or HCPCS codes
11. Communicate with coding/HIM staff to resolve discrepancies in documentation for CPT assignment

DOMAIN 2
Leadership (17–22%)

Tasks:

1. Maintain affiliation with professional organizations devoted to the accuracy of diagnosis coding and reporting
2. Promote CDI efforts throughout the organization
3. Foster working relationship with CDI team members for reconciliation of queries
4. Establish a chain of command for resolving unanswered queries
5. Develop documentation improvement projects
6. Collaborate with physician champions to promote CDI initiatives
7. Establish consequences for noncompliance to queries or lack of responses to queries in collaboration with providers
8. Develop CDI policies and procedures in accordance with AHIMA practice briefs

DOMAIN 3
Record Review & Document Clarification (24–28%)

Tasks:

1. Identify opportunities for documentation improvement by ensuring that diagnoses and procedures are documented to the highest level of specificity
2. Query providers in an ethical manner to avoid potential fraud and/or compliance issues
3. Formulate queries to providers to clarify conflicting diagnoses
4. Ensure provider query response is documented in the medical record
5. Formulate queries to providers to clarify the clinical significance of abnormal findings identified in the record
6. Track responses to queries and interact with providers to obtain query responses
7. Interact with providers to clarify POA
8. Identify post-discharge query opportunities that will affect SOI, ROM and ultimately, case weight
9. Collaborate with the case management and utilization review staff to affect change in documentation
10. Interact with providers to clarify HAC
11. Interact with providers to clarify the documentation of core measures
12. Interact with providers to clarify PSI
13. Determine facility requirements for documentation of query responses in the record to establish official policy and procedures related to CDI query activities
14. Develop policies regarding various stages of the query process and time frames to avoid compliance risk

Certified Documentation Improvement Practitioner (CDIP) Examination Content Outline

DOMAIN 4
CDI Metrics & Statistics (14–18%)

Tasks:

1. Track denials and documentation practices to avoid future denials

2. Trend and track physician query response

3. Track working DRG (CDS) and coder final code

4. Perform quality audits of CDI content to ensure compliance with institutional policies and procedures or national guidelines

5. Trend and track physician query content

6. Trend and track physician and query provider

7. Trend and track physician query volume

8. Measure the success of the CDI program through dashboard metrics

9. Track data for physician benchmarking and trending

10. Compare institution with external institutional benchmarks

11. Track data for CDI benchmarking and trending

12. Track data for specialty benchmarking and trending

13. Use CDI data to adjust departmental workflow

DOMAIN 5
Research & Education (11–15%)

Tasks:

1. Articulate the implications of accurate coding

2. Educate providers and other members of the healthcare team about the importance of the documentation improvement program and the need to assign diagnoses and procedures when indicated to their highest level of specificity

3. Articulate the implications of accurate coding with respect to research, public health reporting, case management, and reimbursement

4. Monitor changes in the external regulatory environment in order to maintain compliance with all applicable agencies

5. Educate the appropriate staff on the clinical documentation improvement program including accurate and ethical documentation practices

6. Develop educational materials to facilitate documentation that supports severity of illness, risk of mortality, and utilization of resources

7. Research and adapts successful best practices within the CDI specialty that could be utilized at one's own organization

DOMAIN 6
Compliance (4–8%)

Tasks:

1. Apply AHIMA best practices related to CDI activities

2. Apply regulations pertaining to CDI activities

3. Consult with compliance and HIM department regarding legal issues surrounding CDI efforts

4. Monitor changes in the external regulatory environment in order to maintain compliance with all applicable agencies

5. Educate the appropriate staff on the clinical documentation improvement program including accurate and ethical documentation practices

6. Develop educational materials to facilitate documentation that supports severity of illness, risk of mortality, and utilization of resources

7. Research and adapt successful best practices within the CDI specialty that could be utilized at one's own organization

APPENDIX O

Certified Professional in Health Informatics (CPHI) Examination Content Outline

DOMAIN 1
DATA ANALYSIS AND UTILIZATION (13–17%)

Tasks:

1. Gather report framework requirements
2. Obtain data
3. Aggregate data
4. Validate/audit data
5. Manipulate data
6. Interpret data
7. Interpret trends or patterns in data sets
8. Work with management to prioritize business or information needs
9. Conduct research with healthcare data to evaluate quality or efficacy of health or health technology-related outcomes or services

DOMAIN 2
DATA REPORTING (13-17%)

Tasks:

1. Identify data sources
2. Conduct data mining
3. Extract data from identified sources
4. Standardize data
5. Build data reports
6. Design reports
7. Ensure standardization of templates and reports

DOMAIN 3
DATA MANAGEMENT, PRIVACY, AND SECURITY (18-22%)

Tasks:

1. Secure data
2. Assist in defining access
3. Maintain access levels
4. Monitor access activities
5. Ensure data is mapped to schema
6. Apply integrity rules to ensure data
7. Submit reports to regulatory agencies
8. Perform security risk assessments
9. Manage the HIE
10. Assist in ROI
11. Deidentify PHI

DOMAIN 4
MANAGEMENT OF HEALTH INFORMATION SYSTEMS AND PROCESSES (18–22%)

Tasks:

1. Identify workflow processes
2. Implement workflow processes
3. Design or customize templates
4. Translate workflow into EHR configuration
5. Document clinical workflow
6. Examine workflow compatibility with EHR systems
7. Work with organizational leadership to improve information processes
8. Build interfaces with other applications internally and externally

DOMAIN 5
DATABASE MANAGEMENT (8–12%)

Tasks:

1. Analyze database to ensure accuracy and completeness
2. Define healthcare related data structures
3. Develop terminology and taxonomy of health information systems
4. Ensure data meets industry or regulatory standards
5. Develop queries for recurring data extraction from database
6. Scrub data

DOMAIN 6
INFORMATICS TRAINING (8–12%)

Tasks:

1. Train clinicians on documentation
2. Train help desk personnel on delegated tasks
3. Identify documentation error trends/deficiencies
4. Train users on efficient use of health information systems

Certified Professional in Health Informatics (CPHI) Examination Content Outline

DOMAIN 7
PROJECT MANAGEMENT (8-12%)

Tasks:

1. Participate in the development of the project plan
2. Participate in the allocation of the project budgets
3. Integrate informatics into organizational workflow
4. Define the scope of the impact
5. Plan testing requirements
6. Participate in go/no-go decisions
7. Coordinate implementation
8. Define support requirements
9. Develop test cases
10. Identify system resource requirements

Change History

Date	Change
3/2/2016	Corrected pagination, grammatical errors, cosmetic updates, fixed broken links, created revision date footers, changed 91 day waiting period to 45 days for CCA and CCS exams.
10/21/2016	Added Certified Professional in Health Informatics (CPHI) exam information
12/20/2016	1. Added PCAP Program to CCA eligibility criteria (page 5) 2. Added credential award date information for early-testers (page 14) 3. Added due date for submitting documentation for missing exam appointment (page 13) 4. Updated AHIMA membership application form
3/21/2017	1. Added NCCA seals to RHIA (page 4), RHIT (page 5), CCA (page 5), CCS (page 6), and CCS-P (page 6). 2. Replace closing parenthesis with opening parenthesis in the last paragraph of page 13. 3. Unbold "Diagnosis:" and "Procedure:" on pages 32 and 34. 4. Two blank pages added to the back, must be divisible by four to do a saddle stitch binding.
6/27/2017	1. Added e-mail address in transcript section of Contact Information 2. Added HIMR Proviso and Master's level options to RHIA eligibility criteria 3. Updated exam application checklist
1/30/2018	1. Updated Extension Request Policy Verbiage (page 11) 2. Removed and added certificate verbiage (page 14) 3. Added CPHI to 90 waiting to retest period (page 14) 4. Removed the word processed and replace with approved (page 14) 5. Removed ADA verbiage (page 14) 6. Removed and added Certificate verbiage (page 18) 7. Removed and added Certificate verbiage (page 19) 8. Removed RHIT Exam Content Outline replace with current (page 27) 9. Removed CHDA Exam Content Outline replace with current (page 36)
2/21/2018	Removed "letters will be mailed to those candidates without a valid e-mail address"

Updated April 10, 2018