RHIT New Test Specifications (Effective October 2011)- Exam Crosswalk	From 2010 blueprint
I. Data Analysis and Management (20%)	
1. Abstract information found in health records (i.e., coding, research, physician deficiencies, etc.)	1b1, 2a1, 2a2, 4d1
2. Analyze data (i.e., productivity reports, quality measures, health record documentation, case mix index)	1b2, 1a5, 2a2
3. Maintain filing and retrieval systems for health records	4d2
4. Identify anomalies in data	1a5, 1b2
5. Resolve risks and/or anomalies of data findings	2b1
6. Maintain the master patient index (i.e., enterprise systems, merge/unmerge medical record numbers, etc.)	1a1, 4b4, 4b2
7. Eliminate duplicate documentation	4a5
8. Organize data into a useable format	2a2
9. Review trends in data	2a2; 2b2
10. Gather/compile data from multiple sources	4b7
11. Generate reports or spreadsheets (i.e., customize, create, etc.)	4b5, 2b6, 2b2
12. Present data findings (i.e., study results, delinquencies, conclusion/summaries, gap analysis, graphical)	2a2, 2b2
13. Implement workload distribution	4a9,4b1
14. Design workload distribution	4b3
15. Participate in the data management plan (i.e., determine data elements, assemble components, set time-frame)	2a1
16. Input and/or submit data to registries	2a2
17. Summarize findings from data research/analysis	4b7
18. Follow data archive and backup policies	4b7
19. Develop data management plan	4a1
20. Calculate healthcare statistics (i.e., occupancy rates, length of stay, delinquency rates, etc)	4d2,2a2
21. Determine validation process for data mapping	4a5
22. Maintain data dictionaries	4d2,2a1,1a3
II. Coding (18%)	
1. Apply all official current coding guidelines	1c5
2. Assign diagnostic and procedure codes based on health record documentation	1c2, 1c3
3. Ensure physician documentation supports coding	1c7, 1a2

4. Validate code assignment	1c6
5. Abstract data from health record	2a1
6. Sequence codes	1c2
7. Query physician when additional clinical documentation is needed	1c7, 1a2
8. Review and resolve coding edits (i.e. correct coding initiative, outpatient code editor, National Coverage Determination, Local Coverage Determination, etc.)	1d3
9. Review the accuracy of abstracted data	1c6, 1c7
10. Assign POA (present on admission) indicators	1c5, 1d1
11. Provide educational updates to coders	4a6
12. Validate grouper assignment (i.e. MS-DRG, APC, etc.)	1c4
13. Identify HAC (hospital acquired condition)	1d1, 1d3
14. Develop and manage a query process	1c7, 1a2
15. Create standards for coding productivity and quality	4a7
16. Develop educational guidelines for provider documentation	3b8
17. Perform concurrent audits	1c1, 1c4, 1c6, 1c7
III. Compliance (16%)	
1. Ensure patient record documentation meets state and federal regulations	3b1, 1b1, 1b2
2. Ensure compliance with privacy and security guidelines (HIPAA, state, hospital, etc.)	3b2
3. Control access to health information	4c1, 4c2
4. Monitor documentation for completeness	1b1, 1b20
5. Develop a coding compliance plan (i.e., current coding guidelines)	1c1, 1c4, 1c5, 1c6, 1c7, 3b1, 3b6
6. Manage release of information	3b2, 3b3
7. Perform continual updates to policies and procedures	3b8, 1b3
8. Implement internal and external audit guidelines	4c3, 3b3
9. Evaluate medical necessity (CDMP – clinical documentation management program)	1d3
10. Collaborate with staff to prepare the organization for accreditation, licensing, and/or certification surveys	3a1, 4d1
11. Evaluate medical necessity (Outpatient services)	1d3
12. Evaluate medical necessity (Data management)	1d3
13. Responding to fraud and abuse	3b4, 3b6
14. Evaluate medical necessity (ISSI (utilization review))	1d3
15. Develop forms (i.e., chart review, documentation, EMR, etc.)	4a1, 2a2, 4b3
16. Evaluate medical necessity (Case management)	1d3

17. Analyze access audit trails	4c3, 3b3
18. Ensure valid healthcare provider credentials	3a4, 3a3
IV. Information Technology (12%)	
1. Train users on software	5a5, 5a6
2. Maintain database	4a1, 4a2
3. Set up secure access	4c1, 4c2
4. Evaluate the functionality of applications	4b7
5. Create user accounts	NONE
6. Trouble-shoot HIM software or support systems	NONE
7. Create database	4a1, 4a2
8. Perform end user audits	4c3
9. Participate in vendor selection	NONE
10. Perform end user needs analysis	5a10
11. Design data archive and backup policies	4a5
12. Perform system maintenance of software and systems	NONE
13. Create data dictionaries	NONE
V. Quality (12%)	
1. Audit health records for content, completeness, accuracy, and timeliness	1b1, 1b2
2. Apply standards, guidelines, and/or regulations to health records	1b2, 1b3
3. Implement corrective actions as determined by audit findings (internal and external)	2a2, 2b1, 5a12
4. Design efficient workflow processes	4a2,5b4,5a9, 5a12
5. Comply with national patient safety goals	3b1,1a4
6. Analyze standards, guidelines, and/or regulations to build criteria for audits	5a10,1b2
7. Apply process improvement techniques	2a2, 2b1
8. Provide consultation to internal and external users of health information on HIM subject matter	5a6
9. Develop reports on audit findings	2a2, 2b2
10. Perform data collection for quality reporting (core measures, PQRI, medical necessity, etc.)	2a20
11. Use trended data to participate in performance improvement plans/initiatives	2b1, 2b2, 5a7
12. Develop a tool for collecting statistically valid data	5a10, 4b6, 4b3
13. Conduct clinical pertinence reviews	5a7, 5a10
14. Monitor physician credentials to practice in the facility	3a3, 3a4

VI. Legal (11%)	
1. Ensure confidentiality of the health records (paper and electronic)	3b1, 3b2, 3b3
2. Adhere to disclosure standards and regulations (HIPAA privacy, HITECH Act, breach notifications, etc.) at both state and federal levels	3b2, 1b3
3. Demonstrate and promote legal and ethical standards of practice	3b5
4. Maintain integrity of legal health record according to organizational bylaws, rules and regulations	3a1, 3a2, 4a5
5. Follow state mandated and/or organizational record retention and destruction policies	4d2, 3b1
6. Serve as the custodian of the health records (paper or electronic)	3b3
7. Respond to Release of Information (ROI) requests from internal and external requestors	3b2, 4a3
8. Work with risk management department to provide requested documentation	5a4, 1b3
9. Identify potential health record related risk management issues through auditing	4c3, 1b3, 1b2
10. Respond to and process patient amendment requests to the health record	3b1, 3b2, 3b3
11. Facilitate basic education regarding the use of consents, healthcare Power of Attorney, Advanced Directives, DNRs, etc.	3b8
12. Represent the facility in court related matters as it applies to the health record (subpoenas, depositions, court orders, warrants)	3b3
VII. Revenue Cycle (11%)	
1. Communicate with providers to discuss documentation deficiencies (i.e. queries)	4d1, 1c7, 2a2, 2b2
2. Participate in clinical documentation improvement programs to ensure proper documentation of health records	2b1
3. Collaborate with other departments on monitoring accounts receivable (i.e. unbilled, uncoded)	5b3, 5a4
4. Provide ongoing education to healthcare providers (i.e. regulatory changes, new guidelines, payment standards, best practices, etc.)	3a2, 3b8
5. Identify fraud and abuse	3b6, 3b4
6. Assist with appeal letters in response to claim denials	NONE
7. Monitor claim denials/over-payments to identify potential revenue impact	1d2, 5b3
8. Prioritize the work according to accounts receivable, patient type, etc.	5b1, 5b4, 5b3
9. Distribute the work according to accounts receivable, patient type, etc.	5b1, 5b4, 5b3
10. Maintain the chargemaster	1a1
11. Ensure physicians are credentialed with different payers for reimbursement	3a2