

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 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

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., costbenefit, business planning)

F3. Assist with preparation of capital budget

G. Financial Management

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

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