



Registered Health Information Technician JOB ANALYSIS STUDY

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American Health Information Management Association**

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1.0 INTRODUCTION

1.1 Background

The American Health Information Management Association (AHIMA) is a community of health management professionals that provides support to members and seeks to strengthen the industry as well as the profession. AHIMA provides a credential for health information technicians that is called the Registered Health Information Technician (RHIT).

1.2 The Purpose of a Job Analysis Study

The foundation for the development of high stakes examinations is based on job analyses, as called for in the joint standards of the American Educational Research Association, the American Psychological Association, and the National Council on Measurement in Education (AERA, APA, and NCME, 1999). Standard 14.10 explains that the validity evidence for test content should include a description of the job content domain. Other popular standards in certification and licensure testing, such as the standards delineated for accreditation by the Institute for Credentialing Excellence (ICE) or the American National Standards Institute (ANSI), similarly cite job analyses as a necessary foundation for testing programs. The job analysis results are used to delineate or update the test specifications, ensuring that the testing program reflects the current practice of the field in question. The RHIT exam leads to competency-based certificates and is directly aligned with Standard 7.5:

The certificate provider shall employ a procedure to demonstrate that the assessment is valid for its intended purpose. At a minimum, this procedure shall include documentation of the linkage between the assessment and the intended learning outcomes (e.g., a table listing the knowledge, skills, and/or competencies needed for participants to achieve the intended learning outcomes and identifying how the specified knowledge, skills, and/or competencies are covered by the assessment). A job/practice analysis shall be conducted for high-stakes certificate programs when their scope is sufficiently broad to support such a study (ICE 1100 2010(E) – Standard for Assessment-Based Certificate Programs, 2009).

A process-oriented test plan was envisioned to easily translate the job analysis tasks into test specifications without requiring linkages. Another advantage of process-oriented test plans stems from the direct link to job performance. The resulting test specifications encourage the development of practice-based test items (Raymond, 2002, p. 32). The job analysis study reported herein was undertaken to provide a foundation for the test-development for the role of a RHIT.

2.0 METHODOLOGY

2.1 Overview of Methodology Used in These Studies

The job analysis methodology used to study the RHIT role consisted of three main steps. Initially, an expert panel recruited by AHIMA was asked to delineate the major responsibilities and the tasks encompassed within those major responsibilities. The expert panel delineated the knowledge needed to perform the tasks and responsibilities, and they helped craft demographic items for the survey of incumbents. Next, incumbents holding the RHIT certification were surveyed about the frequency and the importance of the delineated responsibilities and tasks, the importance of knowledge areas, and their own demographic information. Finally, the expert panel interpreted the survey findings and reviewed test specifications (see Results Section).

2.2 Survey Development Panel Delineate Content

AHIMA selected a panel of content experts to meet together to delineate the major job responsibilities and the associated tasks of RHITs. The members of the expert panel are listed in Survey Development Call to

Meeting listed in Appendix A. They attended a two-day meeting in the Chicago, Illinois, headquarters of AHIMA. Prior to the meeting, the panel received a homework assignment. Each member was responsible for reviewing a major text in the literature of health information technology and management. In this way, the content of the meeting would reflect current literature without taking time to sequentially review each major literary contribution to the field.

The agenda for the survey development meeting is included as Appendix B. The panel meeting began with introductions and an overview of the agenda. The panel worked in an iterative fashion to delineate the major job responsibilities and the tasks associated with each responsibility. There were various ways that the content of the field could have been organized, and the panel worked toward a structure that logically covered the work of RHITs. Throughout the delineation of responsibilities and tasks, the panelists were asked to use as a rule of thumb that tasks must be observable: It must be possible to delegate the task to a colleague. This distinction ensured that there was no overlap with the next step in the process, the delineation of the knowledge section. Additionally, panelists were asked to focus exclusively on the work that is unique to RHITs. They were asked to refrain from including tasks or skills that are important in many fields, such as arriving to work on time or communicating clearly with co-workers. The panel also discussed related aspects of the planned survey of incumbents, such as the demographic items and the context for the survey questions.

2.3 Incumbents Surveyed

A description of the work in a field or in a profession is typically developed in job analyses through a logical analysis of the literature or through panels of experts. Delineating the important tasks and/or knowledge required for competent practice is a lengthy and complex process. In this study, both the literature and the views of an expert panel were used to delineate the content for the survey of incumbents.

The survey was planned for administration using SurveyMonkey, a powerful electronic survey tool. The introduction to the survey provided instructions and definitions of the rating terms. Furthermore, each level of frequency and importance ratings on the scale was clearly explained.

Task Ratings

The first content section of each survey addressed seven major areas or domains of responsibility and tasks. For each task, respondents were asked to make two ratings. First, they indicated the *importance* of each task on a five-point scale, ranging from not important to very important. Below that rating, the same task was listed a second time, with boxes to indicate the *frequency* of each task.

For the importance ratings, there were five response options:

- Extremely Important
- Very Important
- Moderately Important
- Of little importance
- Of no importance

For the frequency ratings, there were five response options:

- Repeatedly
- Often
- Sometimes
- Rarely
- Never

Demographic Items

Ten demographic items were included at the end of the survey to allow for the assessment of how well the respondents represent the RHIT role. Attrition increases as people progress through a survey, especially a long survey. If demographic questions are asked early in a survey, it is likely that most people will complete the items, which makes it easier to judge the representativeness of the respondents. However, many people find demographic items to be invasive, and they may decide not to participate when the demographic items precede the content items. Asking the content questions before the demographic questions allows one to collect more content ratings, even though the picture of the respondent group may be less complete due to attrition. For the survey, AHIMA maximized the content ratings by asking ten demographic questions at the end of the surveys.

Pilot Tests

The survey instruments were pilot-tested by thirty expert panelists. Based on the pilot findings, the scale change mentioned above was made and minor changes were made to the survey content. After revisions were made, the survey was prepared for responses from the field.

Response Rates

RHITs were notified of the opportunity to participate in the job analysis survey through email. A blast-type e-mail was sent successfully to RHITs who were registered in the AHIMA database. The percentage of respondents in relation to the overall emails sent was monitored throughout the survey period. When responses waned, reminder letters were sent to the recipients of the e-mail blast. 9,785 email invitations to participate in the survey were sent, but 490 emails were undeliverable to the email addresses listed in the AHIMA database. Overall, a total of 9,265 emails were sent. 1,597 surveys were completed. The response rate for this survey was 17.8% (1,597 of 9,265). A balance of participants across the demographic variables was sought rather than specific numbers. The number of respondents per survey question is shown in the results presented in Appendix C. The survey link was open from September 16 to October 8, 2010.

3.0 RESULTS

A complete presentation of the responses to demographic survey items is located in Appendix C.

3.1 Description of Validation Survey Respondents

The description of respondents is based on responses to the demographic survey items. If respondents chose not to answer the demographic items, then they are not represented in the following description of participants even though their ratings may be included in the content response that led to test specifications. There were ten demographic items common to the RHIT job analysis.

Respondents were asked about when they were awarded the RHIT credential. The majority of respondents received their credentials prior to 2002. A little over 30% of respondents received their credentials during the years of 2002 to 2010.

Table 1. Year Awarded Credential

Answer Options	Response Count	Response %
Before 2002	1109	69.44%
2002	39	2.44%
2003	33	2.07%
2004	45	2.82%
2005	55	3.44%
2006	52	3.26%
2007	62	3.88%
2008	75	4.70%
2009	82	5.13%
2010	45	2.82%
(Did not answer)	0	0%

Respondents were asked to indicate if they held any other AHIMA credentials besides the RHIT credential. Many respondents indicated that they also held the CCS, and to a lesser extent, the CCS-P. However, most respondents held only the RHIT credential (53%).

Table 2. AHIMA Credentials

Answer Options	Response Count	Response %
CCS	620	38.82%
CCS-P	115	7.20%
CHP	15	0.94%
CHPS	4	0.25%
RHIA	13	0.81%
CCA	42	2.63%
CHDA	4	0.25%
None	843	52.79%
(Did not answer)	0	0%

Respondents were asked to indicate whether they planned to take any other AHIMA certification examination. Many respondents indicated that they planned to hold the CCS credential (12%). The next most popular option was the RHIA credential (9%). Most of the respondents indicated that they did not plan to hold any other AHIMA credential.

Table 3. Plan to Take Other AHIMA Credential

Answer Options	Response Count	Response %
CCS	187	11.71%
CCS-P	86	5.39%
CHP	20	1.25%
CHPS	29	1.82%
RHIA	138	8.64%
CCA	12	0.75%
CHDA	57	3.57%
None	1178	73.76%
(Did not answer)	0	0%

Respondents were asked to select the work setting in which they spend most of their time. The majority of respondents indicated that they worked at a hospital (63%). The next most popular option was *Other* (7%) and *Consultant/vendor HIM services* (6%).

Table 4. Work Setting

Answer Options	Response Count	Response %
Billing agency	12	0.75%
Consultant/vendor HIM services	91	5.70%
Correspondence company	1	0.06%
Educational institution	33	2.07%
Freestanding ambulatory -surgery center	2	0.13%
Government/public health –agency	41	2.57%
Home health care agency	9	0.56%
Hospice	11	0.69%
Hospital	1009	63.18%
Insurance company	16	1.00%
Jail/corrections facility	7	0.44%
Law firm	1	0.06%
Long-term care facility	28	1.75%
Managed care HMO/PPO office	6	0.38%
Medical group practice/physician’s office	78	4.88%
Mental health facility	26	1.63%
Multihospital/diversified system	57	3.57%
Other ambulatory care facility	15	0.94%
Pharma/medical -device/biotech manufacturer	2	0.13%
Professional or trade association	3	0.19%
Rehabilitation facility	21	1.31%
Transcription company	6	0.38%
Vendor HIM products	5	0.31%
Other (please specify)	117	7.33%
(Did not answer)	0	0%

Respondents were asked to indicate the nature of their RHIT position by selecting all that apply. The most popular response was full-time (86%), while the second most popular response was working from home (11%). Less than four percent of respondents indicated that they were retired or currently unemployed.

Table 5. Nature of RHIT Position

Answer Options	Response Count	Response %
Full-Time	1373	85.97%
Part-Time	127	7.95%
Currently unemployed	49	3.07%
Retired	10	0.63%
Self-employed	36	2.25%
I work from home	166	10.39%
I am NOT currently employed in a coding position	104	6.51%
Other (please specify)	57	3.57%
(Did not answer)	0	0%

Respondents were asked to indicate approximately how long they coded before receiving their RHIT certification. The most popular response was *Less than 1 month* (37%). The second most popular response was *6 months to 1 year* (12%) followed closely by *1 to 3 months* (11%).

Table 6. Coding Experience

Answer Options	Response Count	Response %
Less than 1 month	585	36.63%
1 to 3 months	182	11.40%
3 to 6 months	147	9.20%
6 months to 1 year	194	12.15%
1 to 2 years	166	10.39%
2 to 3 years	83	5.20%
3 to 4 years	45	2.82%
4 to 5 years	43	2.69%
More than 5 years	152	9.52%
(Did not answer)	0	0%

Respondents were asked to indicate the location of the facility in which they practice, by selecting only one response for their primary state. The most popular response options were California, New York, Texas, and Ohio. The information in Table 7 is presented by region (A–E) to assist the reader.

Table 7. Location of Facility

Answer Options	Response Count	Response %
AL	35	2.19%
AK	8	0.50%
AZ	24	1.50%
AR	15	0.94%
CA	105	6.57%
CO	15	0.94%
CT	7	0.44%
DE	0	0%
FL	53	3.32%
GA	25	1.57%
HI	2	0.13%
ID	27	1.69%
IL	94	5.89%
IN	53	3.32%
IA	29	1.82%
KS	27	1.69%
KY	38	2.38%
LA	14	0.88%
ME	4	0.25%
MD	25	1.57%
MA	19	1.19%
MI	79	4.95%
MN	47	2.94%
MS	28	1.75%
MO	41	2.57%
MT	7	0.44%
NE	13	0.81%
NV	13	0.81%
NH	3	0.19%
NJ	21	1.31%
NM	7	0.44%
NY	89	5.57%
NC	50	3.13%
ND	8	0.50%
OH	126	7.89%
OK	11	0.69%
OR	32	2.00%
PA	50	3.13%
RI	2	0.13%
SC	24	1.50%
SD	4	0.25%
TN	40	2.50%
TX	116	7.26%
UT	10	0.63%

Answer Options	Response Count	Response %
VT	3	0.19%
VA	34	2.13%
WA	41	2.57%
WV	15	0.94%
WI	46	2.88%
WY	3	0.19%
Other/International	15	0.94%
(Did not answer)	0	0%

Respondents were asked to indicate their job level category. A majority of respondents (53%) indicated that they were HIM Technicians, while the second most favored response was *Manager/Supervisor* (16%). Thirteen percent of respondents indicated that they were HIM directors/Compliance officers.

Table 8. Job Level Category

Answer Options	Response Count	Response %
Executive / President / Vice President	8	0.50%
Director (HIM, etc.)/Officer (compliance)	199	12.46%
Educator	32	2.00%
Manager / Supervisor	256	16.03%
Consultant	101	6.32%
Clinician (MD, RN etc.)	8	0.50%
Technology Role (e.g. systems analyst, product analyst/specialist)	65	4.07%
HIM Technician Role (e.g. coder, transcriptionist, CDI specialist, claims/financial analyst)	844	52.85%
Clerical / Administrative support	49	3.07%
Not currently working	35	2.19%
(Did not answer)	0	0%

Respondents were asked to indicate their highest level of education. A majority of respondents (74%) indicated that the highest level of education they completed was an associate's degree. The second most popular response was a baccalaureate degree (16%). A little over ten percent of respondents indicated that they had completed a coding certification program, master's degree, PhD, or MD, as their highest level of education.

Table 9. Level of Education

Answer Options	Response Count	Response %
High School Diploma	64	4.01%
Coding Certificate Program	62	3.88%
Associate's Degree	1179	73.83%
Baccalaureate Degree	249	15.59%
Master's Degree	41	2.57%
PhD or MD	2	0.13%
(Did not answer)	0	0%

Respondents were asked to indicate their gender. A large majority of respondents indicated that they were female (97%).

Table 10. Gender

Answer Options	Response Count	Response %
Male	52	3.26%
Female	1545	96.74%
(Did not answer)	0	0%

3.2 Results from Validation Surveys

Tasks

Importance and frequency ratings for each task within the seven content domains were multiplied to create a measure of criticality. Frequency and importance were emphasized equally since each had five points on their respective scales. The criticality variable scale extended from 1 to 25.

There is variability in the ratings that were given by respondents. Appendix C shows the number of respondents that chose each of the five options for frequency and each of the five options for importance. One example is shown here for clarity. The task *Review trends in data* was rated highly with a mean criticality rating of 15.03. However, there were 55 respondents who indicated that they never perform this task, and there were 23 respondents who noted it was not important to their role in health information. The average criticality rating of 15.03 is high because there were 493 respondents who indicated that they review trends in data on a daily basis and 396 who indicated that it was very important to their work in health information technology.

Figure 1. Excerpt from Appendix C

Importance						
Answer Options	Extremely Important	Very Important	Moderately Important	Of Little Importance	Of No Importance	(Did not answer)
1. Review trends in data	493	661	360	60	23	0
Frequency						
Answer Options	Repeatedly	Often	Sometimes	Rarely	Never	(Did not answer)
1. Review trends in data	396	689	349	108	55	0

Tables 11 through 17 show the mean criticality ratings, in descending order, for the tasks within the seven domains. The ratings shown in the tables represent the mean across all respondents. Table 11 shows the mean criticality ratings for the Data Analysis and Management domain, which range from 21.4 to 10.4. The maximum possible rating is 25.

Table 11. Data Analysis and Management

Rank	Data Analysis and Management	Criticality Rating
1	Abstract information found in health records (i.e., coding, research, physician deficiencies, etc.)	21.40
2	Analyze data (i.e., productivity reports, quality measures, health record documentation, case mix index)	17.53
4	Identify anomalies in data	16.88
3	Maintain filing and retrieval systems for health records	17.25
5	Resolve risks and/or anomalies of data findings	15.89
6	Maintain the master patient index (i.e., enterprise systems, merge/unmerge medical record numbers, etc.)	15.44
8	Eliminate duplicate documentation	15.17
7	Organize data into a useable format	15.36
9	Review trends in data	15.03
10	Gather/compile data from multiple sources	14.96
11	Generate reports or spreadsheets (i.e., customize, create, etc.)	14.66
12	Present data findings (i.e., study results, delinquencies, conclusion/summaries, gap analysis, graphical)	14.12
14	Design workload distribution	13.51
13	Implement workload distribution	13.85
15	Participate in the data management plan (i.e., determine data elements, assemble components, set time-frame)	13.40
16	Input and/or submit data to registries	13.25
17	Summarize findings from data research/analysis	13.24
18	Follow data archive and backup policies	13.22
20	Calculate healthcare statistics (i.e., occupancy rates, length of stay, delinquency rates, etc)	12.72
19	Develop data management plan	13.21
21	Determine validation process for data mapping	10.79
22	Maintain data dictionaries	10.35

Table 12 shows the mean criticality ratings for the Compliance domain, which range from 20.75 to 12.08. The maximum possible rating is 25.

Table 12. Compliance

Rank	Compliance	Criticality Rating
1	Ensure patient record documentation meets state and federal regulations	20.75
2	Ensure compliance with privacy and security guidelines (HIPAA, state, hospital, etc.)	20.73
3	Control access to health information	20.44
4	Monitor documentation for completeness	20.33
5	Develop a coding compliance plan (i.e., current coding guidelines)	17.68
6	Manage release of information	17.06
7	Perform continual updates to policies and procedures	15.01
8	Implement internal and external audit guidelines	14.75
9	Evaluate medical necessity (CDMP – clinical documentation management program)	14.36
10	Collaborate with staff to prepare the organization for accreditation, licensing, and/or certification surveys	14.26
11	Evaluate medical necessity (Outpatient services)	14.03
12	Evaluate medical necessity (Data management)	14.02
13	Responding to fraud and abuse	13.84
14	Evaluate medical necessity (ISSI (utilization review))	13.57
15	Develop forms (i.e., chart review, documentation, EMR, etc.)	13.48
16	Evaluate medical necessity (Case management)	12.62
17	Analyze access audit trails	12.12
18	Ensure valid healthcare provider credentials	12.08

Table 13 shows the mean criticality ratings, which range from 22.07 to 14.97 for the Coding domain. The maximum possible rating is 25.

Table 13. Coding

Rank	Coding	Criticality Rating
1	Apply all official current coding guidelines	22.07
2	Assign diagnostic and procedure codes based on health record documentation	21.68
3	Ensure physician documentation supports coding	21.56
4	Validate code assignment	20.98
5	Abstract data from health record	20.38
6	Sequence codes	20.25
7	Query physician when additional clinical documentation is needed	18.97
8	Review and resolve coding edits (i.e., correct coding initiative, outpatient code editor, National Coverage Determination, Local Coverage Determination, etc.)	18.93
9	Review the accuracy of abstracted data	17.94
10	Assign POA (present on admission) indicators	17.29
11	Provide educational updates to coders	17.24
12	Validate grouper assignment (i.e., MS-DRG, APC, etc.)	17.16
13	Identify HAC (hospital acquired condition)	16.97
14	Develop and manage a query process	16.29
15	Create standards for coding productivity and quality	16.00
16	Develop educational guidelines for provider documentation	15.29
17	Perform concurrent audits	14.97

Table 14 shows the mean criticality ratings for the Information Technology domain, which range from 13.53 to 9.58. The maximum possible rating is 25.

Table 14. Information Technology

Rank	Information Technology	Criticality Rating
1	Train users on software	13.53
2	Maintain database	12.58
3	Set up secure access	12.39
4	Evaluate the functionality of applications	11.39
5	Create user accounts	10.91
6	Trouble-shoot HIM software or support systems	10.79
7	Create database	10.76
8	Perform end user audits	10.74
9	Participate in vendor selection	10.50
10	Perform end user needs analysis	10.22
11	Design data archive and backup policies	10.16
12	Perform system maintenance of software and systems	9.93
13	Create data dictionaries	9.58

Table 15 shows the mean criticality ratings for the Quality domain, which range from 18.19 to 10.39. The maximum possible is 25.

Table 15. Quality

Rank	Quality	Criticality Rating
1	Audit health records for content, completeness, accuracy, and timeliness	18.19
2	Apply standards, guidelines, and/or regulations to health records	18.07
3	Implement corrective actions as determined by audit findings (internal and external)	14.91
4	Design efficient workflow processes	14.76
5	Comply with national patient safety goals	14.74
6	Analyze standards, guidelines, and/or regulations to build criteria for audits	14.58
7	Apply process improvement techniques	14.06
8	Provide consultation to internal and external users of health information on HIM subject matter	13.51
9	Develop reports on audit findings	13.45
10	Perform data collection for quality reporting (core measures, PQRI, medical necessity, etc.)	13.01
11	Use trended data to participate in performance improvement plans/initiatives	12.92
12	Develop a tool for collecting statistically valid data	12.39
13	Conduct clinical pertinence reviews	10.41
14	Monitor physician credentials to practice in the facility	10.39

Table 16 shows the mean criticality ratings for the Revenue Cycle domain, which range from 16.61 to 8.03. The maximum possible is 25.

Table 16. Revenue Cycle

Rank	Revenue Cycle	Criticality Rating
1	Communicate with providers to discuss documentation deficiencies (i.e., queries)	16.61
2	Participate in clinical documentation improvement programs to ensure proper documentation of health records	16.23
3	Collaborate with other departments on monitoring accounts receivable (i.e., unbilled, uncoded)	15.14
4	Provide ongoing education to healthcare providers (i.e., regulatory changes, new guidelines, payment standards, best practices, etc.)	14.48
5	Identify fraud and abuse	13.29
6	Assist with appeal letters in response to claim denials	12.10
7	Monitor claim denials/over-payments to identify potential revenue impact	12.08
8	Prioritize the work according to accounts receivable, patient type, etc.	11.67
9	Distribute the work according to accounts receivable, patient type, etc.	10.83
10	Maintain the chargemaster	10.72
11	Ensure physicians are credentialed with different payers for reimbursement	9.12
12	Perform insurance verification	8.44
13	Verify coordination of benefits	8.04
14	Perform insurance precertification	8.03

Table 17 shows the mean criticality ratings for the Legal domain, which range from 22.14 to 11.88. The maximum possible is 25.

Table 17. Legal

Rank	Legal	Criticality Rating
1	Ensure confidentiality of the health records (paper and electronic)	22.14
2	Adhere to disclosure standards and regulations (HIPAA privacy, HITECH Act, breach notifications, etc.) at both state and federal levels	20.36
3	Demonstrate and promote legal and ethical standards of practice	19.32
4	Maintain integrity of legal health record according to organizational bylaws, rules and regulations	18.43
5	Follow state mandated and/or organizational record retention and destruction policies	17.76
6	Serve as the custodian of the health records (paper or electronic)	17.36
7	Respond to Release of Information (ROI) requests from internal and external requestors	15.81
8	Work with risk management department to provide requested documentation	14.98
9	Identify potential health record related risk management issues through auditing	13.48
10	Respond to and process patient amendment requests to the health record	12.13
11	Facilitate basic education regarding the use of consents, healthcare Power of Attorney, Advanced Directives, DNRs, etc.	12.11
12	Represent the facility in court related matters as it applies to the health record (subpoenas, depositions, court orders, warrants)	11.88

4.0 TEST SPECIFICATIONS

4.1 Purpose of Test Specifications

Test specifications are used by various groups including certification candidates, educational programs, employers, subject matter experts involved in the test development process, and the public at large. Test specifications should provide a clear communication to examinees of the content that will be covered in an examination. Test specifications should also guide test question writers by providing them with specifications for test form assembly and inventories of the question pool. Certification testing standards recommend updating test specifications regularly and more frequently if there are significant changes in the profession or testing. Because test specifications have so many audiences and uses, it is imperative that they are developed carefully based on input from experts in the field. AHIMA impaneled a group of content experts to interpret the survey results and to develop the new test specifications.

4.2 Test Specifications Panel Analysis of Survey Data

The expert panel met for a series of WebEx meetings from January 7 to March 4, 2011, in order to accommodate the schedules of all expert panelists. They received an overview of how job analyses serve as the foundation for testing programs and then reviewed summary presentations of the data collected through the survey.

After reviewing the responses to the demographic survey items, the panel questioned whether the respondents were representative of the field of RHITs. There were several discussions regarding the validity of the data, as well as whether any one group significantly skewed the data of the overall group. Due to these concerns, a series of *t* tests and ANOVAs were conducted to ensure that there were no practical and significant differences among groups. The test specification panelists were primarily concerned with the differences in responses between those who received their certification before 2005 and those who received certification after 2005. There were approximately 1,226 and 337 respondents in each group, respectively. In order to demonstrate that these two groups did not have significantly different responses, responses to each item were analyzed by group. Differences between the importance ratings of the two groups and frequency ratings of the two groups are shown in Appendix E. Additionally, *t* tests were conducted to ensure that these responses were not statistically and practically significant. A *t* test is a statistical test that compares the means of each group. This statistical test produces a critical value, which is then compared to a critical value table in order to determine the probability that the critical value was obtained due to chance. An effect size is then calculated using this critical value to convey the practical significance of the difference. An effect size of 0.2 to 0.3 is usually considered a “small” effect, 0.5 is a “medium” effect, and 0.8 is a “large” effect. None of the effect sizes were larger than 0.18 and most effect sizes were less than 0.10, indicating that the differences in responses between those certified before 2005 and those certified after 2005 were minimal. The effect size for each comparison can be found in Appendix E. Additionally, graphs of the criticality ratings of the two groups are shown in Appendix F. Panelists were shown response ratings by group in order to demonstrate that the differences between those certified before 2005 and those certified after 2005 were not statistically or practically significant. Panelists agreed that the data should be reviewed altogether and not broken down by group.

The panel reviewed the criticality data from each domain, shown in this report as Tables 11–17. After becoming familiar with the distribution of criticality ratings across and within domains, the panel was asked to consider whether any tasks should be excluded from the test specifications based on low ratings. If any task’s criticality ratings could be low enough to merit exclusion, then a cut-off point would be needed. A full discussion of the cut-off point ensued. In addition to voluntary comments, the panel participated in a roll-call vote to ensure that each person had a chance to express a view and to persuade his or her peers. Group consensus evolved and the cut-off point was set at 9.0, which meant that all tasks with a criticality rating at or below 9.0 were excluded from further consideration. This cutoff helped to prioritize the content that is used most frequently and deemed most important by incumbents. The inclusion of test items that address less frequently performed tasks of less importance at the expense of other content was not supported by the panel. (Tasks were not excluded based on the difficulty of testing the task within a

multiple-choice question format.) The panel also considered the importance ratings for the 31 knowledge areas and none were suggested for exclusion, although some were revised. The knowledge areas globally support the responsibility domains and tasks and were not tagged for specific associations with tasks.

Finally, the panel considered the possible configurations for relative emphases within the five content domains of the test specifications. Panelist kept individual scorecards throughout the meeting to note their intuitive preferences for relative emphases (percents) within the test specifications based on the data being presented and discussed. Panelists were asked to consider three possible configurations for test specifications. In order to generate discussion, the first configuration represented an equal distribution of emphasis (14.3%) across the seven domains and was not based on survey data. It was rejected immediately by all panelists. The next two configurations were based on the data from the survey of incumbents and were limited by the exclusions that the panel requested for tasks with a criticality rating below 9.0. The panel recognized the fact that survey respondents were working in isolation and did not have the opportunity to discuss their ratings or rankings with other RHITs. They also acknowledged that rating 110 tasks and 31 knowledge areas resulted in a *trees* perspective and that the application of relative emphases across content domains was more aptly viewed as a *forest* task. The panel considered two models as possible configurations for the test specifications. Model 1 was based on the mean task criticality ratings per domain. Model 2 was based on the number of tasks within a domain in addition to the mean criticality rating.

The panel focused on percentages rather than the number of test questions. If the actual number of test questions had been used, it is likely that some rounding of the percentages would have been necessary. The panel worked through individual preferences for particular configurations and arrived at consensus on the final percentages through the process of voluntary comment and private voting. The facilitators calculated mean and mode percentages per domain and led the consensus discussion. The average weights for content domains were:

18%	Coding
16%	Compliance
20%	Data Analysis and Management
12%	Information Technology
11%	Legal
12%	Quality
11%	Revenue Cycle

4.3 New Test Specifications

Next, the panel considered the primary users of the test specifications (i.e., the candidates). They decided that the content domains were clear and that they communicated the appropriate information to candidates. The new test specifications are presented in Table 18 with the accompanying tasks.

Table 18. New Test Specifications

Domain	Tasks
I. Data Analysis and Management (20%)	
1	Abstract information found in health records (i.e., coding, research, physician deficiencies, etc.)
2	Analyze data (i.e., productivity reports, quality measures, health record documentation, case mix index,
3	Maintain filing and retrieval systems for health records
4	Identify anomalies in data
5	Resolve risks and/or anomalies of data findings

Domain	Tasks
6	Maintain the master patient index (i.e., enterprise systems, merge/unmerge medical record numbers, etc.)
8	Eliminate duplicate documentation
7	Organize data into a useable format
9	Review trends in data
10	Gather/compile data from multiple sources
11	Generate reports or spreadsheets (i.e., customize, create, etc.)
12	Present data findings (i.e., study results, delinquencies, conclusion/summaries, gap analysis, graphical)
13	Implement workload distribution
14	Design workload distribution
15	Participate in the data management plan (i.e., determine data elements, assemble components, set time-frame)
16	Input and/or submit data to registries
17	Summarize findings from data research/analysis
18	Follow data archive and backup policies
19	Develop data management plan
20	Calculate healthcare statistics (i.e., occupancy rates, length of stay, delinquency rates, etc)
21	Determine validation process for data mapping
22	Maintain data dictionaries
II. Coding (18%)	
1	Apply all official current coding guidelines
2	Assign diagnostic and procedure codes based on health record documentation
3	Ensure physician documentation supports coding
4	Validate code assignment
5	Abstract data from health record
6	Sequence codes
7	Query physician when additional clinical documentation is needed
8	Review and resolve coding edits (i.e., correct coding initiative, outpatient code editor, National Coverage Determination, Local Coverage Determination, etc.)
9	Review the accuracy of abstracted data
10	Assign POA (present on admission) indicators
11	Provide educational updates to coders
12	Validate grouper assignment (i.e., MS-DRG, APC, etc.)
13	Identify HAC (hospital acquired condition)
14	Develop and manage a query process
15	Create standards for coding productivity and quality
16	Develop educational guidelines for provider documentation
17	Perform concurrent audits
III. Compliance (16%)	
1	Ensure patient record documentation meets state and federal regulations
2	Ensure compliance with privacy and security guidelines (HIPAA, state, hospital, etc.)
3	Control access to health information
4	Monitor documentation for completeness
5	Develop a coding compliance plan (i.e., current coding guidelines)
6	Manage release of information
7	Perform continual updates to policies and procedures

Domain	Tasks
	8 Implement internal and external audit guidelines
	9 Evaluate medical necessity (CDMP – clinical documentation management program)
	10 Collaborate with staff to prepare the organization for accreditation, licensing, and/or certification surveys
	11 Evaluate medical necessity (Outpatient services)
	12 Evaluate medical necessity (Data management)
	13 Responding to fraud and abuse
	14 Evaluate medical necessity (ISSI (utilization review))
	15 Develop forms (i.e., chart review, documentation, EMR, etc.)
	16 Evaluate medical necessity (Case management)
	17 Analyze access audit trails
	18 Ensure valid healthcare provider credentials
IV. Information Technology (12%)	
	1 Train users on software
	2 Maintain database
	3 Set up secure access
	4 Evaluate the functionality of applications
	5 Create user accounts
	6 Trouble-shoot HIM software or support systems
	7 Create database
	8 Perform end user audits
	9 Participate in vendor selection
	10 Perform end user needs analysis
	11 Design data archive and backup policies
	12 Perform system maintenance of software and systems
	13 Create data dictionaries
V. Quality (12%)	
	1 Audit health records for content, completeness, accuracy, and timeliness
	2 Apply standards, guidelines, and/or regulations to health records
	3 Implement corrective actions as determined by audit findings (internal and external)
	4 Design efficient workflow processes
	5 Comply with national patient safety goals
	6 Analyze standards, guidelines, and/or regulations to build criteria for audits
	7 Apply process improvement techniques
	8 Provide consultation to internal and external users of health information on HIM subject matter
	9 Develop reports on audit findings
	10 Perform data collection for quality reporting (core measures, PQRI, medical necessity, etc.)
	11 Use trended data to participate in performance improvement plans/initiatives
	12 Develop a tool for collecting statistically valid data
	13 Conduct clinical pertinence reviews
	14 Monitor physician credentials to practice in the facility
VI. Legal (11%)	
	1 Ensure confidentiality of the health records (paper and electronic)
	2 Adhere to disclosure standards and regulations (HIPAA privacy, HITECH Act, breach notifications, etc.) at both state and federal levels

Domain	Tasks
	3 Demonstrate and promote legal and ethical standards of practice
	4 Maintain integrity of legal health record according to organizational bylaws, rules and regulations
	5 Follow state mandated and/or organizational record retention and destruction policies
	6 Serve as the custodian of the health records (paper or electronic)
	7 Respond to Release of Information (ROI) requests from internal and external requestors
	8 Work with risk management department to provide requested documentation
	9 Identify potential health record related risk management issues through auditing
	10 Respond to and process patient amendment requests to the health record
	11 Facilitate basic education regarding the use of consents, healthcare Power of Attorney, Advanced Directives, DNRs, etc.
	12 Represent the facility in court related matters as it applies to the health record (subpoenas, depositions, court orders, warrants)
VII. Revenue Cycle (11%)	
	1 Communicate with providers to discuss documentation deficiencies (i.e., queries)
	2 Participate in clinical documentation improvement programs to ensure proper documentation of health records
	3 Collaborate with other departments on monitoring accounts receivable (i.e., unbilled, uncoded)
	4 Provide ongoing education to healthcare providers (i.e., regulatory changes, new guidelines, payment standards, best practices, etc.)
	5 Identify fraud and abuse
	6 Assist with appeal letters in response to claim denials
	7 Monitor claim denials/over-payments to identify potential revenue impact
	8 Prioritize the work according to accounts receivable, patient type, etc.
	9 Distribute the work according to accounts receivable, patient type, etc.
	10 Maintain the chargemaster
	11 Ensure physicians are credentialed with different payers for reimbursement

Information about the knowledge required by a Registered Health Information Technician is also an important component of the test specifications. The listing of knowledge was minimally revised and reworded during the Test Specification Meeting. Table 19 presents the finalized knowledge areas.

Table 19. Knowledge Statements

Knowledge Statements
1. Healthcare/health information management computer applications and support systems
2. Legal aspects of the health record
3. Medicine <ul style="list-style-type: none"> a. Anatomy b. Physiology c. Pathophysiology d. Medical terminology e. Pharmacology f. Lab values
4. Transcription
5. Abstracting
6. Application of research methods
7. Health information filing systems
8. Medical necessity

Knowledge Statements

<ul style="list-style-type: none"> a. Local coverage determination b. National coverage determination c. IS/SI criteria
<p>9. Official coding guidelines</p> <ul style="list-style-type: none"> a. ICD-9 b. ICD-10 c. HCPCS d. CPT e. DSM-IV f. ICD-O g. SNOMED h. Coding clinic
<p>10. Federal Regulation</p> <ul style="list-style-type: none"> a. HIPAA guidelines b. HITECH c. Stark d. Red-flag rule e. Fraud and abuse f. Medicare conditions of participation
<p>11. Oversight Organizations</p> <ul style="list-style-type: none"> a. AHIMA b. OIG work plan c. AMA d. AHA e. CMS f. RACs (recovery audit contractors)
<p>12. Vocabularies, terminologies, and classification systems</p>
<p>13. Reimbursement methodologies</p> <ul style="list-style-type: none"> a. Capitation b. Fee for service c. Prospective payment systems d. Pay for performance
<p>14. Third-party payers</p> <ul style="list-style-type: none"> a. Government programs b. Managed care c. Insurance d. Workman's comp
<p>15. Revenue cycle</p>
<p>16. Analytical skills</p>
<p>17. Health record data structure, content, and standards</p>
<p>18. Healthcare delivery systems</p>
<p>19. Encoder/Groupers software</p>
<p>20. Healthcare/Vital Statistics</p>
<p>21. Claims processing</p> <ul style="list-style-type: none"> a. UB-04 b. Explanation of benefits c. Remittance advice d. Coordination of benefits e. Advanced beneficiary notification (ABN) f. CMS 1500
<p>22. Performance improvement methods</p>
<p>23. Quality indicators</p>
<p>24. Confidentiality guidelines</p>
<p>25. Credentialing guidelines</p>
<p>26. Ethical practices</p>
<p>27. Accrediting organizations</p> <ul style="list-style-type: none"> a. The Joint Commission b. CARF c. AOA d. AAACF

Knowledge Statements
e. ACOS
28. Case management
29. Utilization management
30. Risk management
31. Forms/Screen design, revision, implementation

5.0 REFERENCES

American Educational Research Association, American Psychological Association, & National Council on Measurement in Education. (1999). *Standards for educational and psychological testing*. Washington, DC: American Educational Research Association.

National Commission for Certifying Agencies. (2004). *Standards for the accreditation of certification programs*.

NOVA (2009) Grant Application Package. *Competency exam for individuals completing non-degree training*.

Raymond, M. R. (2002). A practical guide to practice analysis for credentialing examinations. *Educational Measurement: Issues & Practice*, 21, 25–37.

6.0 APPENDICES

Appendix A	Survey Development Call to Meeting
Appendix B	Survey Development Meeting Agenda
Appendix C	Survey Results by Number of Respondents
Appendix D	Test Specifications Meeting Agenda
Appendix E	Mean Differences and Effect Sizes of Differences in Response Ratings Between Those Certified Before 2005 and Those Certified After 2005
Appendix F	Graphs Demonstrating the Differences in Criticality Ratings Between Those Certified Before 2005 and Those Certified After 2005

Appendix A. Survey Development Call to Meeting



RHIT Job Analysis Taskforce CALL TO MEETING

DATE: June 21st - 22nd, 2010

TO: Bonnie Petterson
Michelle Knighton
Meshawn Foster
Irma Als
Laurie Schimek
Joshua Young
Mary Strunk
Roy Shurtliff
Jeffery McGraw
Jodie Quattrocchi
Juneau McNair
Michelle Shimmel
Caroline Baker
John Young III
Don Kellogg
Rachelle Stewart

FROM: Lisa Chernikoff

RE: RHIT Job Analysis Taskforce Meeting

MEETING LOCATION: AHIMA Office 233 N. Michigan, 21st Floor, Chicago, IL 312.233.1100

HOTEL: Swissotel, 323 E Wacker Dr, Chicago, IL
(312) 565-0565

DATE AND TIME

The meeting will be held in Town Halls B and C

Meeting dates and times are as follows:

Monday, June 21, 2010	8:00 a.m. – 5:00 p.m.
Tuesday, June 22, 2010	8:00 a.m. – 3:00 p.m.

Breakfast and lunch will be served at 8:00 a.m. and noon respectively.

LOCATION

All sessions will take place at 233 N. Michigan Avenue, east of Michigan Avenue and south of Wacker Drive.

Directions from the hotel to AHIMA offices will be sent at a later date.

HOTEL ACCOMMODATIONS

Accommodations have been arranged and hotel confirmations will be provided.

Your room will be directly billed to AHIMA. When you check into the hotel, you will be asked for a credit card number in case of incidental expenses. Expenses directly associated with the meeting should be reported following the meeting on your expense reimbursement form. Please review your bill carefully at checkout.

ATTIRE

Business casual is appropriate for all weekday meetings.

SPECIAL REQUIREMENTS

Please notify your staff liaison of any special dietary guidelines or physical accommodations you may require.

EXPENSES

AHIMA will reimburse you for expenses associated with this meeting. Please note that your per diem is \$37.00 for meals. An expense reimbursement statement is attached for your convenience (when e-mailing, note the page 2 calculation form). You may prepare your report electronically using the calculation form but you will still need to provide a signed report with the accompanying receipts to your staff liaison for processing. Even if you will not be claiming any expenses outside those direct billed to AHIMA, our accounting department still needs a signed expense report for audit purposes. In this case, at the close of the meeting, simply input the cost of your airfare and hotel and sign the document.

AIR TRAVEL

If you have not already done so, please make your flight arrangements as soon as possible through Association Travel Concepts (ATC). You are strongly encouraged to book online in order to maximize cost savings to AHIMA. Go to www.atcmeetings.com and click on the TRIP MANAGER option at the top. The software will prompt you through the booking process.

For those who feel they need to speak with an agent, please call:

Phone: (800) 458-9383

When you call ATC with a travel request, the representative will ask you for the reason for the trip and a cost center code. Your cost center for this meeting is 302330 and Travel Authorization code is 302345 (if asked for).

QUESTIONS

Questions concerning meeting content or logistics should be directed to Lisa Chernikoff by email lisa.chernikoff@ahima.org or phone (312) 233-1128.

Appendix B. Survey Development Meeting Agenda



Job / Task Analysis

Registered Health Information Technician

Chicago, IL
June 21 -22, 2010

Day 1

8:00 a.m.	Breakfast
8:30 a.m.	Welcome, introductions
9:00 a.m.	Orientation and discussion
9:45 a.m.	Break
10:00 a.m.	Delineate major job responsibilities
Noon	Lunch
1:30 p.m.	Full group – Delineate tasks of largest major job responsibility
3:15 p.m.	Break
3:30 p.m.	Split into 2 workgroups
	Group 1 – Delineate tasks of some major job responsibilities
	Group 2 – Delineate tasks of other major job responsibilities
5:30 p.m.	Adjourn

Day 2

8:00 a.m.	Breakfast
8:30 a.m.	Review/refine work of Day 1 in full group
10:15 a.m.	Knowledge needed to perform tasks
Noon	Lunch Break
1:00 p.m.	Content Areas of the Current Examination
1:30 p.m.	Demographics
2:00 p.m.	Phrasing the survey question
2:30 p.m.	Discussion
3:00 p.m.	Evaluation/Adjourn

Appendix C. Survey Results by Number of Respondents

1. IMPORTANCE			
1(a). IMPORTANCE: Review trends in data			
Responses	Count	Assigned Weight	%
Extremely Important	493	5	30.87%
Very Important	661	4	41.39%
Moderately Important	360	3	22.54%
Of Little Importance	60	2	3.76%
Of No Importance	23	1	1.44%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.96
Total Responses	1597		

1(b). IMPORTANCE: Maintain filing and retrieval systems for health records			
Responses	Count	Assigned Weight	%
Extremely Important	905	5	56.67%
Very Important	359	4	22.48%
Moderately Important	179	3	11.21%
Of Little Importance	91	2	5.70%
Of No Importance	63	1	3.94%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.22
Total Responses	1597		

1(c). IMPORTANCE: Identify anomalies in data			
Responses	Count	Assigned Weight	%
Extremely Important	715	5	44.77%
Very Important	595	4	37.26%
Moderately Important	226	3	14.15%
Of Little Importance	42	2	2.63%
Of No Importance	19	1	1.19%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.22
Total Responses	1597		

1(d). IMPORTANCE: Resolve risks and/or anomalies of data findings			
Responses	Count	Assigned Weight	%
Extremely Important	675	5	42.27%
Very Important	607	4	38.01%
Moderately Important	234	3	14.65%
Of Little Importance	48	2	3.01%
Of No Importance	33	1	2.07%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.15
Total Responses	1597		

1(e). IMPORTANCE: Develop data management plan			
Responses	Count	Assigned Weight	%
Extremely Important	451	5	28.24%
Very Important	642	4	40.20%
Moderately Important	369	3	23.11%
Of Little Importance	78	2	4.88%
Of No Importance	57	1	3.57%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.85
Total Responses	1597		

1(f). IMPORTANCE: Participate in the data management plan (i.e., determine data elements, assemble components, set time-frames)			
Responses	Count	Assigned Weight	%
Extremely Important	432	5	27.05%
Very Important	648	4	40.58%
Moderately Important	377	3	23.61%
Of Little Importance	86	2	5.39%
Of No Importance	54	1	3.38%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.83
Total Responses	1597		

1(g). IMPORTANCE: Present data findings (i.e., study results, delinquencies, conclusion/summaries, gap analysis, graphical presentations)			
Responses	Count	Assigned Weight	%
Extremely Important	496	5	31.06%
Very Important	613	4	38.38%
Moderately Important	355	3	22.23%
Of Little Importance	83	2	5.20%
Of No Importance	50	1	3.13%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.89
Total Responses	1597		

1(h). IMPORTANCE: Organize data into a useable format			
Responses	Count	Assigned Weight	%
Extremely Important	601	5	37.63%
Very Important	611	4	38.26%
Moderately Important	279	3	17.47%
Of Little Importance	67	2	4.20%
Of No Importance	39	1	2.44%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.04
Total Responses	1597		

1(i). IMPORTANCE: Analyze data (i.e., productivity reports, quality measures, health record documentation, case mix index, benchmarking, deficiencies, etc.)			
Responses	Count	Assigned Weight	%
Extremely Important	809	5	50.66%
Very Important	523	4	32.75%
Moderately Important	190	3	11.90%
Of Little Importance	40	2	2.50%
Of No Importance	35	1	2.19%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.27
Total Responses	1597		

1(j). IMPORTANCE: Gather/compile data from multiple sources			
Responses	Count	Assigned Weight	%
Extremely Important	470	5	29.43%
Very Important	669	4	41.89%
Moderately Important	363	3	22.73%
Of Little Importance	57	2	3.57%
Of No Importance	38	1	2.38%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.92
Total Responses	1597		

1(k). IMPORTANCE: Calculate healthcare statistics (i.e., occupancy rates, length of stay, delinquency rates, etc)			
Responses	Count	Assigned Weight	%
Extremely Important	468	5	29.30%
Very Important	534	4	33.44%
Moderately Important	370	3	23.17%
Of Little Importance	128	2	8.02%
Of No Importance	97	1	6.07%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.72
Total Responses	1597		

1(l). IMPORTANCE: Generate reports or spreadsheets (i.e., customize, create, etc.)			
Responses	Count	Assigned Weight	%
Extremely Important	518	5	32.44%
Very Important	548	4	34.31%
Moderately Important	401	3	25.11%
Of Little Importance	80	2	5.01%
Of No Importance	50	1	3.13%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.88
Total Responses	1597		

1(m). IMPORTANCE: Summarize findings from data research/analysis			
Responses	Count	Assigned Weight	%
Extremely Important	405	5	25.36%
Very Important	630	4	39.45%
Moderately Important	405	3	25.36%
Of Little Importance	92	2	5.76%
Of No Importance	65	1	4.07%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.76
Total Responses	1597		

1(n). IMPORTANCE: Maintain data dictionaries			
Responses	Count	Assigned Weight	%
Extremely Important	322	5	20.16%
Very Important	457	4	28.62%
Moderately Important	489	3	30.62%
Of Little Importance	214	2	13.40%
Of No Importance	115	1	7.20%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.41
Total Responses	1597		

1(o). IMPORTANCE: Input and/or submit data to registries			
Responses	Count	Assigned Weight	%
Extremely Important	497	5	31.12%
Very Important	539	4	33.75%
Moderately Important	348	3	21.79%
Of Little Importance	113	2	7.08%
Of No Importance	100	1	6.26%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.76
Total Responses	1597		

1(p). IMPORTANCE: Follow data archive and backup policies			
Responses	Count	Assigned Weight	%
Extremely Important	517	5	32.37%
Very Important	515	4	32.25%
Moderately Important	351	3	21.98%
Of Little Importance	125	2	7.83%
Of No Importance	89	1	5.57%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.78
Total Responses	1597		

1(q). IMPORTANCE: Abstract information found in health records (i.e., coding, research, physician deficiencies, etc.)			
Responses	Count	Assigned Weight	%
Extremely Important	1184	5	74.14%
Very Important	295	4	18.47%
Moderately Important	82	3	5.13%
Of Little Importance	17	2	1.06%
Of No Importance	19	1	1.19%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.63
Total Responses	1597		

1(r). IMPORTANCE: Maintain the master patient index (i.e., enterprise systems, merge/unmerge medical record numbers, etc.)			
Responses	Count	Assigned Weight	%
Extremely Important	873	5	54.66%
Very Important	347	4	21.73%
Moderately Important	194	3	12.15%
Of Little Importance	72	2	4.51%
Of No Importance	111	1	6.95%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.13
Total Responses	1597		

1(s). IMPORTANCE: Eliminate duplicate documentation			
Responses	Count	Assigned Weight	%
Extremely Important	697	5	43.64%
Very Important	483	4	30.24%
Moderately Important	273	3	17.09%
Of Little Importance	88	2	5.51%
Of No Importance	56	1	3.51%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.05
Total Responses	1597		

1(t). IMPORTANCE: Determine validation process for data mapping			
Responses	Count	Assigned Weight	%
Extremely Important	300	5	18.79%
Very Important	601	4	37.63%
Moderately Important	413	3	25.86%
Of Little Importance	168	2	10.52%
Of No Importance	115	1	7.20%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.50
Total Responses	1597		

1(u). IMPORTANCE: Design workload distribution			
Responses	Count	Assigned Weight	%
Extremely Important	476	5	29.81%
Very Important	615	4	38.51%
Moderately Important	336	3	21.04%
Of Little Importance	86	2	5.39%
Of No Importance	84	1	5.26%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.82
Total Responses	1597		

1(v). IMPORTANCE: Implement workload distribution			
Responses	Count	Assigned Weight	%
Extremely Important	495	5	31.00%
Very Important	620	4	38.82%
Moderately Important	317	3	19.85%
Of Little Importance	91	2	5.70%
Of No Importance	74	1	4.63%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.86
Total Responses	1597		

2. FREQUENCY			
2(a). FREQUENCY: Review trends in data			
Responses	Count	Assigned Weight	%
Repeatedly	396	5	24.80%
Often	689	4	43.14%
Sometimes	349	3	21.85%
Rarely	108	2	6.76%
Never	55	1	3.44%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.79
Total Responses	1597		

2(b). FREQUENCY: Maintain filing and retrieval systems for health records			
Responses	Count	Assigned Weight	%
Repeatedly	854	5	53.48%
Often	348	4	21.79%
Sometimes	171	3	10.71%
Rarely	126	2	7.89%
Never	98	1	6.14%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.09
Total Responses	1597		

2(c). FREQUENCY: Identify anomalies in data			
Responses	Count	Assigned Weight	%
Repeatedly	553	5	34.63%
Often	642	4	40.20%
Sometimes	291	3	18.22%
Rarely	73	2	4.57%
Never	38	1	2.38%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.00
Total Responses	1597		

2(d). FREQUENCY: Resolve risks and/or anomalies of data findings			
Responses	Count	Assigned Weight	%
Repeatedly	469	5	29.37%
Often	608	4	38.07%
Sometimes	347	3	21.73%
Rarely	116	2	7.26%
Never	57	1	3.57%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.82
Total Responses	1597		

2(e). FREQUENCY: Develop data management plan			
Responses	Count	Assigned Weight	%
Repeatedly	245	5	15.34%
Often	600	4	37.57%
Sometimes	468	3	29.30%
Rarely	173	2	10.83%
Never	111	1	6.95%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.44
Total Responses	1597		

2(f). FREQUENCY: Participate in the data management plan (i.e., determine data elements, assemble components, set time-frames)			
Responses	Count	Assigned Weight	%
Repeatedly	285	5	17.85%
Often	610	4	38.20%
Sometimes	434	3	27.18%
Rarely	160	2	10.02%
Never	108	1	6.76%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.50
Total Responses	1597		

2(g). FREQUENCY: Present data findings (i.e., study results, delinquencies, conclusion/summaries, gap analysis, graphical presentations)			
Responses	Count	Assigned Weight	%
Repeatedly	410	5	25.67%
Often	549	4	34.38%
Sometimes	380	3	23.79%
Rarely	151	2	9.46%
Never	107	1	6.70%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.63
Total Responses	1597		

2(h). FREQUENCY: Organize data into a useable format			
Responses	Count	Assigned Weight	%
Repeatedly	490	5	30.68%
Often	582	4	36.44%
Sometimes	323	3	20.23%
Rarely	118	2	7.39%
Never	84	1	5.26%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.80
Total Responses	1597		

2(i). FREQUENCY: Analyze data (i.e., productivity reports, quality measures, health record documentation, case mix index, benchmarking, deficiencies, etc.)			
Responses	Count	Assigned Weight	%
Repeatedly	735	5	46.02%
Often	500	4	31.31%
Sometimes	218	3	13.65%
Rarely	82	2	5.13%
Never	62	1	3.88%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.10
Total Responses	1597		

2(j). FREQUENCY: Gather/compile data from multiple sources			
Responses	Count	Assigned Weight	%
Repeatedly	461	5	28.87%
Often	631	4	39.51%
Sometimes	321	3	20.10%
Rarely	112	2	7.01%
Never	72	1	4.51%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.81
Total Responses	1597		

2(k). FREQUENCY: Calculate healthcare statistics (i.e., occupancy rates, length of stay, delinquency rates, etc)			
Responses	Count	Assigned Weight	%
Repeatedly	452	5	28.30%
Often	412	4	25.80%
Sometimes	299	3	18.72%
Rarely	225	2	14.09%
Never	209	1	13.09%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.42
Total Responses	1597		

2(l). FREQUENCY: Generate reports or spreadsheets (i.e., customize, create, etc.)			
Responses	Count	Assigned Weight	%
Repeatedly	514	5	32.19%
Often	530	4	33.19%
Sometimes	344	3	21.54%
Rarely	103	2	6.45%
Never	106	1	6.64%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.78
Total Responses	1597		

2(m). FREQUENCY: Summarize findings from data research/analysis			
Responses	Count	Assigned Weight	%
Repeatedly	328	5	20.54%
Often	577	4	36.13%
Sometimes	417	3	26.11%
Rarely	146	2	9.14%
Never	129	1	8.08%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.52
Total Responses	1597		

2(n). FREQUENCY: Maintain data dictionaries			
Responses	Count	Assigned Weight	%
Repeatedly	209	5	13.09%
Often	402	4	25.17%
Sometimes	451	3	28.24%
Rarely	302	2	18.91%
Never	233	1	14.59%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.03
Total Responses	1597		

2(o). FREQUENCY: Input and/or submit data to registries			
Responses	Count	Assigned Weight	%
Repeatedly	458	5	28.68%
Often	453	4	28.37%
Sometimes	336	3	21.04%
Rarely	161	2	10.08%
Never	189	1	11.83%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.52
Total Responses	1597		

2(p). FREQUENCY: Follow data archive and backup policies			
Responses	Count	Assigned Weight	%
Repeatedly	435	5	27.24%
Often	451	4	28.24%
Sometimes	350	3	21.92%
Rarely	194	2	12.15%
Never	167	1	10.46%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.50
Total Responses	1597		

2(q). FREQUENCY: Abstract information found in health records (i.e., coding, research, physician deficiencies, etc.)			
Responses	Count	Assigned Weight	%
Repeatedly	1229	5	76.96%
Often	229	4	14.34%
Sometimes	71	3	4.45%
Rarely	36	2	2.25%
Never	32	1	2.00%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.62
Total Responses	1597		

2(r). FREQUENCY: Maintain the master patient index (i.e., enterprise systems, merge/unmerge medical record numbers, etc.)			
Responses	Count	Assigned Weight	%
Repeatedly	727	5	45.52%
Often	316	4	19.79%
Sometimes	195	3	12.21%
Rarely	132	2	8.27%
Never	227	1	14.21%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.74
Total Responses	1597		

2(s). FREQUENCY: Eliminate duplicate documentation			
Responses	Count	Assigned Weight	%
Repeatedly	544	5	34.06%
Often	466	4	29.18%
Sometimes	324	3	20.29%
Rarely	161	2	10.08%
Never	102	1	6.39%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.74
Total Responses	1597		

2(t). FREQUENCY: Determine validation process for data mapping			
Responses	Count	Assigned Weight	%
Repeatedly	203	5	12.71%
Often	470	4	29.43%
Sometimes	430	3	26.93%
Rarely	240	2	15.03%
Never	254	1	15.90%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.08
Total Responses	1597		

2(u). FREQUENCY: Design workload distribution			
Responses	Count	Assigned Weight	%
Repeatedly	409	5	25.61%
Often	509	4	31.87%
Sometimes	376	3	23.54%
Rarely	133	2	8.33%
Never	170	1	10.64%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.53
Total Responses	1597		

2(v). FREQUENCY: Implement workload distribution			
Responses	Count	Assigned Weight	%
Repeatedly	445	5	27.86%
Often	504	4	31.56%
Sometimes	357	3	22.35%
Rarely	131	2	8.20%
Never	160	1	10.02%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.59
Total Responses	1597		

3. IMPORTANCE			
3(a). IMPORTANCE: Control access to health information			
Responses	Count	Assigned Weight	%
Extremely Important	1278	5	80.03%
Very Important	174	4	10.90%
Moderately Important	81	3	5.07%
Of Little Importance	24	2	1.50%
Of No Importance	40	1	2.50%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.64
Total Responses	1597		

3(b). IMPORTANCE: Ensure patient record documentation meets state and federal regulations			
Responses	Count	Assigned Weight	%
Extremely Important	1300	5	81.40%
Very Important	197	4	12.34%
Moderately Important	45	3	2.82%
Of Little Importance	10	2	0.63%
Of No Importance	45	1	2.82%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.69
Total Responses	1597		

3(c). IMPORTANCE: Develop a coding compliance plan (i.e., current coding guidelines)			
Responses	Count	Assigned Weight	%
Extremely Important	1102	5	69.00%
Very Important	326	4	20.41%
Moderately Important	89	3	5.57%
Of Little Importance	26	2	1.63%
Of No Importance	54	1	3.38%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.50
Total Responses	1597		

3(d). IMPORTANCE: Monitor documentation for completeness			
Responses	Count	Assigned Weight	%
Extremely Important	1113	5	69.69%
Very Important	372	4	23.29%
Moderately Important	73	3	4.57%
Of Little Importance	12	2	0.75%
Of No Importance	27	1	1.69%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.59
Total Responses	1597		

3(e). IMPORTANCE: Evaluate medical necessity (ISSI (utilization review))			
Responses	Count	Assigned Weight	%
Extremely Important	679	5	42.52%
Very Important	469	4	29.37%
Moderately Important	235	3	14.72%
Of Little Importance	100	2	6.26%
Of No Importance	114	1	7.14%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.94
Total Responses	1597		

3(f). IMPORTANCE: Evaluate medical necessity (Data management)			
Responses	Count	Assigned Weight	%
Extremely Important	678	5	42.45%
Very Important	490	4	30.68%
Moderately Important	236	3	14.78%
Of Little Importance	94	2	5.89%
Of No Importance	99	1	6.20%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.97
Total Responses	1597		

3(g). IMPORTANCE: Evaluate medical necessity (Case management)			
Responses	Count	Assigned Weight	%
Extremely Important	633	5	39.64%
Very Important	451	4	28.24%
Moderately Important	269	3	16.84%
Of Little Importance	115	2	7.20%
Of No Importance	129	1	8.08%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.84
Total Responses	1597		

3(h). IMPORTANCE: Evaluate medical necessity (Outpatient services)			
Responses	Count	Assigned Weight	%
Extremely Important	685	5	42.89%
Very Important	463	4	28.99%
Moderately Important	227	3	14.21%
Of Little Importance	104	2	6.51%
Of No Importance	118	1	7.39%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.93
Total Responses	1597		

3(i). IMPORTANCE: Evaluate medical necessity (CDMP – clinical documentation management program)			
Responses	Count	Assigned Weight	%
Extremely Important	722	5	45.21%
Very Important	463	4	28.99%
Moderately Important	231	3	14.46%
Of Little Importance	82	2	5.13%
Of No Importance	99	1	6.20%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.02
Total Responses	1597		

3(j). IMPORTANCE: Analyze access audit trails			
Responses	Count	Assigned Weight	%
Extremely Important	504	5	31.56%
Very Important	543	4	34.00%
Moderately Important	314	3	19.66%
Of Little Importance	122	2	7.64%
Of No Importance	114	1	7.14%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.75
Total Responses	1597		

3(k). IMPORTANCE: Manage release of information			
Responses	Count	Assigned Weight	%
Extremely Important	1054	5	66.00%
Very Important	310	4	19.41%
Moderately Important	97	3	6.07%
Of Little Importance	49	2	3.07%
Of No Importance	87	1	5.45%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.37
Total Responses	1597		

3(l). IMPORTANCE: Ensure compliance with privacy and security guidelines (HIPAA, state, hospital, etc.)			
Responses	Count	Assigned Weight	%
Extremely Important	1288	5	80.65%
Very Important	205	4	12.84%
Moderately Important	64	3	4.01%
Of Little Importance	11	2	0.69%
Of No Importance	29	1	1.82%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.70
Total Responses	1597		

3(m). IMPORTANCE: Implement internal and external audit guidelines			
Responses	Count	Assigned Weight	%
Extremely Important	652	5	40.83%
Very Important	622	4	38.95%
Moderately Important	207	3	12.96%
Of Little Importance	50	2	3.13%
Of No Importance	66	1	4.13%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.09
Total Responses	1597		

3(n). IMPORTANCE: Ensure valid healthcare provider credentials			
Responses	Count	Assigned Weight	%
Extremely Important	705	5	44.15%
Very Important	392	4	24.55%
Moderately Important	201	3	12.59%
Of Little Importance	142	2	8.89%
Of No Importance	157	1	9.83%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.84
Total Responses	1597		

3(o). IMPORTANCE: Develop forms (i.e., chart review, documentation, EMR, etc.)			
Responses	Count	Assigned Weight	%
Extremely Important	544	5	34.06%
Very Important	551	4	34.50%
Moderately Important	352	3	22.04%
Of Little Importance	74	2	4.63%
Of No Importance	76	1	4.76%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.88
Total Responses	1597		

3(p). IMPORTANCE: Responding to fraud and abuse			
Responses	Count	Assigned Weight	%
Extremely Important	970	5	60.74%
Very Important	354	4	22.17%
Moderately Important	123	3	7.70%
Of Little Importance	62	2	3.88%
Of No Importance	88	1	5.51%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.29
Total Responses	1597		

3(q). IMPORTANCE: Perform continual updates to policies and procedures			
Responses	Count	Assigned Weight	%
Extremely Important	646	5	40.45%
Very Important	610	4	38.20%
Moderately Important	253	3	15.84%
Of Little Importance	39	2	2.44%
Of No Importance	49	1	3.07%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.11
Total Responses	1597		

3(r). IMPORTANCE: Collaborate with staff to prepare the organization for accreditation, licensing, and/or certification surveys			
Responses	Count	Assigned Weight	%
Extremely Important	764	5	47.84%
Very Important	475	4	29.74%
Moderately Important	196	3	12.27%
Of Little Importance	72	2	4.51%
Of No Importance	90	1	5.64%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.10
Total Responses	1597		

4. FREQUENCY			
4(a). FREQUENCY: Control access to health information			
Responses	Count	Assigned Weight	%
Repeatedly	1099	5	68.82%
Often	247	4	15.47%
Sometimes	123	3	7.70%
Rarely	48	2	3.01%
Never	80	1	5.01%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.40
Total Responses	1597		

4(b). FREQUENCY: Ensure patient record documentation meets state and federal regulations			
Responses	Count	Assigned Weight	%
Repeatedly	1084	5	67.88%
Often	300	4	18.79%
Sometimes	96	3	6.01%
Rarely	43	2	2.69%
Never	74	1	4.63%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.43
Total Responses	1597		

4(c). FREQUENCY: Develop a coding compliance plan (i.e., current coding guidelines)			
Responses	Count	Assigned Weight	%
Repeatedly	680	5	42.58%
Often	482	4	30.18%
Sometimes	215	3	13.46%
Rarely	80	2	5.01%
Never	140	1	8.77%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.93
Total Responses	1597		

4(d). FREQUENCY: Monitor documentation for completeness			
Responses	Count	Assigned Weight	%
Repeatedly	1023	5	64.06%
Often	374	4	23.42%
Sometimes	113	3	7.08%
Rarely	42	2	2.63%
Never	45	1	2.82%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.43
Total Responses	1597		

4(e). FREQUENCY: Evaluate medical necessity (ISSI (utilization review))			
Responses	Count	Assigned Weight	%
Repeatedly	531	5	33.25%
Often	366	4	22.92%
Sometimes	246	3	15.40%
Rarely	190	2	11.90%
Never	264	1	16.53%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.44
Total Responses	1597		

4(f). FREQUENCY: Evaluate medical necessity (Data management)			
Responses	Count	Assigned Weight	%
Repeatedly	505	5	31.62%
Often	452	4	28.30%
Sometimes	246	3	15.40%
Rarely	169	2	10.58%
Never	225	1	14.09%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.53
Total Responses	1597		

4(g). FREQUENCY: Evaluate medical necessity (Case management)			
Responses	Count	Assigned Weight	%
Repeatedly	462	5	28.93%
Often	360	4	22.54%
Sometimes	247	3	15.47%
Rarely	226	2	14.15%
Never	302	1	18.91%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.28
Total Responses	1597		

4(h). FREQUENCY: Evaluate medical necessity (Outpatient services)			
Responses	Count	Assigned Weight	%
Repeatedly	579	5	36.26%
Often	387	4	24.23%
Sometimes	223	3	13.96%
Rarely	173	2	10.83%
Never	235	1	14.72%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.56
Total Responses	1597		

4(i). FREQUENCY: Evaluate medical necessity (CDMP – clinical documentation management program)			
Responses	Count	Assigned Weight	%
Repeatedly	556	5	34.82%
Often	415	4	25.99%
Sometimes	241	3	15.09%
Rarely	160	2	10.02%
Never	225	1	14.09%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.57
Total Responses	1597		

4(j). FREQUENCY: Analyze access audit trails			
Responses	Count	Assigned Weight	%
Repeatedly	321	5	20.10%
Often	471	4	29.49%
Sometimes	328	3	20.54%
Rarely	209	2	13.09%
Never	268	1	16.78%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.23
Total Responses	1597		

4(k). FREQUENCY: Manage release of information			
Responses	Count	Assigned Weight	%
Repeatedly	820	5	51.35%
Often	316	4	19.79%
Sometimes	151	3	9.46%
Rarely	100	2	6.26%
Never	210	1	13.15%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.90
Total Responses	1597		

4(l). FREQUENCY: Ensure compliance with privacy and security guidelines (HIPAA, state, hospital, etc.)			
Responses	Count	Assigned Weight	%
Repeatedly	1057	5	66.19%
Often	305	4	19.10%
Sometimes	131	3	8.20%
Rarely	45	2	2.82%
Never	59	1	3.69%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.41
Total Responses	1597		

4(m). FREQUENCY: Implement internal and external audit guidelines			
Responses	Count	Assigned Weight	%
Repeatedly	418	5	26.17%
Often	586	4	36.69%
Sometimes	300	3	18.79%
Rarely	128	2	8.02%
Never	165	1	10.33%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.60
Total Responses	1597		

4(n). FREQUENCY: Ensure valid healthcare provider credentials			
Responses	Count	Assigned Weight	%
Repeatedly	420	5	26.30%
Often	354	4	22.17%
Sometimes	227	3	14.21%
Rarely	229	2	14.34%
Never	367	1	22.98%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.14
Total Responses	1597		

4(o). FREQUENCY: Develop forms (i.e., chart review, documentation, EMR, etc.)			
Responses	Count	Assigned Weight	%
Repeatedly	371	5	23.23%
Often	501	4	31.37%
Sometimes	394	3	24.67%
Rarely	169	2	10.58%
Never	162	1	10.14%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.47
Total Responses	1597		

4(p). FREQUENCY: Responding to fraud and abuse			
Responses	Count	Assigned Weight	%
Repeatedly	438	5	27.43%
Often	287	4	17.97%
Sometimes	328	3	20.54%
Rarely	289	2	18.10%
Never	255	1	15.97%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.23
Total Responses	1597		

4(q). FREQUENCY: Perform continual updates to policies and procedures			
Responses	Count	Assigned Weight	%
Repeatedly	428	5	26.80%
Often	563	4	35.25%
Sometimes	360	3	22.54%
Rarely	121	2	7.58%
Never	125	1	7.83%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.66
Total Responses	1597		

4(r). FREQUENCY: Collaborate with staff to prepare the organization for accreditation, licensing, and/or certification surveys			
Responses	Count	Assigned Weight	%
Repeatedly	411	5	25.74%
Often	505	4	31.62%
Sometimes	327	3	20.48%
Rarely	151	2	9.46%
Never	203	1	12.71%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.48
Total Responses	1597		

5. IMPORTANCE			
5(a). IMPORTANCE: Create standards for coding productivity and quality			
Responses	Count	Assigned Weight	%
Extremely Important	869	5	54.41%
Very Important	490	4	30.68%
Moderately Important	134	3	8.39%
Of Little Importance	41	2	2.57%
Of No Importance	63	1	3.94%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.29
Total Responses	1597		

5(b). IMPORTANCE: Ensure physician documentation supports coding			
Responses	Count	Assigned Weight	%
Extremely Important	1311	5	82.09%
Very Important	219	4	13.71%
Moderately Important	26	3	1.63%
Of Little Importance	8	2	0.50%
Of No Importance	33	1	2.07%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.73
Total Responses	1597		

5(c). IMPORTANCE: Develop educational guidelines for provider documentation			
Responses	Count	Assigned Weight	%
Extremely Important	776	5	48.59%
Very Important	563	4	35.25%
Moderately Important	156	3	9.77%
Of Little Importance	42	2	2.63%
Of No Importance	60	1	3.76%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.22
Total Responses	1597		

5(d). IMPORTANCE: Abstract data from health record			
Responses	Count	Assigned Weight	%
Extremely Important	1059	5	66.31%
Very Important	399	4	24.98%
Moderately Important	103	3	6.45%
Of Little Importance	13	2	0.81%
Of No Importance	23	1	1.44%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.54
Total Responses	1597		

5(e). IMPORTANCE: Assign diagnostic and procedure codes based on health record documentation			
Responses	Count	Assigned Weight	%
Extremely Important	1329	5	83.22%
Very Important	185	4	11.58%
Moderately Important	34	3	2.13%
Of Little Importance	16	2	1.00%
Of No Importance	33	1	2.07%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.73
Total Responses	1597		

5(f). IMPORTANCE: Validate code assignment			
Responses	Count	Assigned Weight	%
Extremely Important	1236	5	77.40%
Very Important	280	4	17.53%
Moderately Important	41	3	2.57%
Of Little Importance	10	2	0.63%
Of No Importance	30	1	1.88%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.68
Total Responses	1597		

5(g). IMPORTANCE: Sequence codes			
Responses	Count	Assigned Weight	%
Extremely Important	1123	5	70.32%
Very Important	342	4	21.42%
Moderately Important	80	3	5.01%
Of Little Importance	12	2	0.75%
Of No Importance	40	1	2.50%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.56
Total Responses	1597		

5(h). IMPORTANCE: Develop and manage a query process			
Responses	Count	Assigned Weight	%
Extremely Important	795	5	49.78%
Very Important	532	4	33.31%
Moderately Important	167	3	10.46%
Of Little Importance	37	2	2.32%
Of No Importance	66	1	4.13%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.22
Total Responses	1597		

5(i). IMPORTANCE: Review the accuracy of abstracted data			
Responses	Count	Assigned Weight	%
Extremely Important	884	5	55.35%
Very Important	529	4	33.12%
Moderately Important	120	3	7.51%
Of Little Importance	24	2	1.50%
Of No Importance	40	1	2.50%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.37
Total Responses	1597		

5(j). IMPORTANCE: Query physician when additional clinical documentation is needed			
Responses	Count	Assigned Weight	%
Extremely Important	1077	5	67.44%
Very Important	403	4	25.23%
Moderately Important	71	3	4.45%
Of Little Importance	9	2	0.56%
Of No Importance	37	1	2.32%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.55
Total Responses	1597		

5(k). IMPORTANCE: Apply all official current coding guidelines			
Responses	Count	Assigned Weight	%
Extremely Important	1347	5	84.35%
Very Important	187	4	11.71%
Moderately Important	23	3	1.44%
Of Little Importance	9	2	0.56%
Of No Importance	31	1	1.94%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.76
Total Responses	1597		

5(l). IMPORTANCE: Review and resolve coding edits (i.e., correct coding initiative, outpatient code editor, National Coverage Determination, Local Coverage Determination, etc.)			
Responses	Count	Assigned Weight	%
Extremely Important	1072	5	67.13%
Very Important	371	4	23.23%
Moderately Important	81	3	5.07%
Of Little Importance	23	2	1.44%
Of No Importance	50	1	3.13%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.50
Total Responses	1597		

5(m). IMPORTANCE: Validate grouper assignment (i.e., MS-DRG, APC, etc.)			
Responses	Count	Assigned Weight	%
Extremely Important	983	5	61.55%
Very Important	375	4	23.48%
Moderately Important	115	3	7.20%
Of Little Importance	33	2	2.07%
Of No Importance	91	1	5.70%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.33
Total Responses	1597		

5(n). IMPORTANCE: Perform concurrent audits			
Responses	Count	Assigned Weight	%
Extremely Important	664	5	41.58%
Very Important	612	4	38.32%
Moderately Important	206	3	12.90%
Of Little Importance	43	2	2.69%
Of No Importance	72	1	4.51%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.10
Total Responses	1597		

5(o). IMPORTANCE: Provide educational updates to coders			
Responses	Count	Assigned Weight	%
Extremely Important	1034	5	64.75%
Very Important	394	4	24.67%
Moderately Important	67	3	4.20%
Of Little Importance	29	2	1.82%
Of No Importance	73	1	4.57%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.43
Total Responses	1597		

5(p). IMPORTANCE: Assign POA (present on admission) indicators			
Responses	Count	Assigned Weight	%
Extremely Important	955	5	59.80%
Very Important	367	4	22.98%
Moderately Important	128	3	8.02%
Of Little Importance	44	2	2.76%
Of No Importance	103	1	6.45%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.27
Total Responses	1597		

5(q). IMPORTANCE: Identify HAC (hospital acquired condition)			
Responses	Count	Assigned Weight	%
Extremely Important	942	5	58.99%
Very Important	415	4	25.99%
Moderately Important	109	3	6.83%
Of Little Importance	32	2	2.00%
Of No Importance	99	1	6.20%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.30
Total Responses	1597		

6. FREQUENCY			
6(a). FREQUENCY: Create standards for coding productivity and quality			
Responses	Count	Assigned Weight	%
Repeatedly	551	5	34.50%
Often	515	4	32.25%
Sometimes	250	3	15.65%
Rarely	111	2	6.95%
Never	170	1	10.64%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.73
Total Responses	1597		

6(b). FREQUENCY: Ensure physician documentation supports coding			
Responses	Count	Assigned Weight	%
Repeatedly	1193	5	74.70%
Often	252	4	15.78%
Sometimes	61	3	3.82%
Rarely	27	2	1.69%
Never	64	1	4.01%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.55
Total Responses	1597		

6(c). FREQUENCY: Develop educational guidelines for provider documentation			
Responses	Count	Assigned Weight	%
Repeatedly	485	5	30.37%
Often	483	4	30.24%
Sometimes	334	3	20.91%
Rarely	130	2	8.14%
Never	165	1	10.33%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.62
Total Responses	1597		

6(d). FREQUENCY: Abstract data from health record			
Responses	Count	Assigned Weight	%
Repeatedly	1112	5	69.63%
Often	287	4	17.97%
Sometimes	119	3	7.45%
Rarely	28	2	1.75%
Never	51	1	3.19%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.49
Total Responses	1597		

6(e). FREQUENCY: Assign diagnostic and procedure codes based on health record documentation			
Responses	Count	Assigned Weight	%
Repeatedly	1289	5	80.71%
Often	137	4	8.58%
Sometimes	63	3	3.94%
Rarely	32	2	2.00%
Never	76	1	4.76%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.58
Total Responses	1597		

6(f). FREQUENCY: Validate code assignment			
Responses	Count	Assigned Weight	%
Repeatedly	1146	5	71.76%
Often	257	4	16.09%
Sometimes	88	3	5.51%
Rarely	33	2	2.07%
Never	73	1	4.57%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.48
Total Responses	1597		

6(g). FREQUENCY: Sequence codes			
Responses	Count	Assigned Weight	%
Repeatedly	1134	5	71.01%
Often	251	4	15.72%
Sometimes	81	3	5.07%
Rarely	38	2	2.38%
Never	93	1	5.82%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.44
Total Responses	1597		

6(h). FREQUENCY: Develop and manage a query process			
Responses	Count	Assigned Weight	%
Repeatedly	620	5	38.82%
Often	496	4	31.06%
Sometimes	254	3	15.90%
Rarely	89	2	5.57%
Never	138	1	8.64%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.86
Total Responses	1597		

6(i). FREQUENCY: Review the accuracy of abstracted data			
Responses	Count	Assigned Weight	%
Repeatedly	743	5	46.52%
Often	504	4	31.56%
Sometimes	207	3	12.96%
Rarely	58	2	3.63%
Never	85	1	5.32%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.10
Total Responses	1597		

6(j). FREQUENCY: Query physician when additional clinical documentation is needed			
Responses	Count	Assigned Weight	%
Repeatedly	843	5	52.79%
Often	401	4	25.11%
Sometimes	219	3	13.71%
Rarely	49	2	3.07%
Never	85	1	5.32%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.17
Total Responses	1597		

6(k). FREQUENCY: Apply all official current coding guidelines			
Responses	Count	Assigned Weight	%
Repeatedly	1308	5	81.90%
Often	157	4	9.83%
Sometimes	42	3	2.63%
Rarely	20	2	1.25%
Never	70	1	4.38%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.64
Total Responses	1597		

6(l). FREQUENCY: Review and resolve coding edits (i.e., correct coding initiative, outpatient code editor, National Coverage Determination, Local Coverage Determination, etc.)

Responses	Count	Assigned Weight	%
Repeatedly	943	5	59.05%
Often	330	4	20.66%
Sometimes	149	3	9.33%
Rarely	64	2	4.01%
Never	111	1	6.95%
(Did not answer)	0	NULL	0%
Weighted Score : 4.21			
Total Responses	1597		

6(m). FREQUENCY: Validate grouper assignment (i.e., MS-DRG, APC, etc.)

Responses	Count	Assigned Weight	%
Repeatedly	833	5	52.16%
Often	327	4	20.48%
Sometimes	172	3	10.77%
Rarely	74	2	4.63%
Never	191	1	11.96%
(Did not answer)	0	NULL	0%
Weighted Score : 3.96			
Total Responses	1597		

6(n). FREQUENCY: Perform concurrent audits

Responses	Count	Assigned Weight	%
Repeatedly	493	5	30.87%
Often	521	4	32.62%
Sometimes	297	3	18.60%
Rarely	107	2	6.70%
Never	179	1	11.21%
(Did not answer)	0	NULL	0%
Weighted Score : 3.65			
Total Responses	1597		

6(o). FREQUENCY: Provide educational updates to coders			
Responses	Count	Assigned Weight	%
Repeatedly	651	5	40.76%
Often	507	4	31.75%
Sometimes	212	3	13.27%
Rarely	66	2	4.13%
Never	161	1	10.08%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.89
Total Responses	1597		

6(p). FREQUENCY: Assign POA (present on admission) indicators			
Responses	Count	Assigned Weight	%
Repeatedly	967	5	60.55%
Often	241	4	15.09%
Sometimes	108	3	6.76%
Rarely	63	2	3.94%
Never	218	1	13.65%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.05
Total Responses	1597		

6(q). FREQUENCY: Identify HAC (hospital acquired condition)			
Responses	Count	Assigned Weight	%
Repeatedly	851	5	53.29%
Often	313	4	19.60%
Sometimes	147	3	9.20%
Rarely	74	2	4.63%
Never	212	1	13.27%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.95
Total Responses	1597		

7. IMPORTANCE			
7(a). IMPORTANCE: Create database			
Responses	Count	Assigned Weight	%
Extremely Important	446	5	27.93%
Very Important	529	4	33.12%
Moderately Important	352	3	22.04%
Of Little Importance	148	2	9.27%
Of No Importance	122	1	7.64%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.64
Total Responses	1597		

7(b). IMPORTANCE: Maintain database			
Responses	Count	Assigned Weight	%
Extremely Important	544	5	34.06%
Very Important	546	4	34.19%
Moderately Important	278	3	17.41%
Of Little Importance	116	2	7.26%
Of No Importance	113	1	7.08%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.81
Total Responses	1597		

7(c). IMPORTANCE: Create data dictionaries			
Responses	Count	Assigned Weight	%
Extremely Important	337	5	21.10%
Very Important	537	4	33.63%
Moderately Important	409	3	25.61%
Of Little Importance	173	2	10.83%
Of No Importance	141	1	8.83%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.47
Total Responses	1597		

7(d). IMPORTANCE: Design data archive and backup policies			
Responses	Count	Assigned Weight	%
Extremely Important	480	5	30.06%
Very Important	502	4	31.43%
Moderately Important	325	3	20.35%
Of Little Importance	142	2	8.89%
Of No Importance	148	1	9.27%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.64
Total Responses	1597		

7(e). IMPORTANCE: Set up secure access			
Responses	Count	Assigned Weight	%
Extremely Important	842	5	52.72%
Very Important	319	4	19.97%
Moderately Important	181	3	11.33%
Of Little Importance	112	2	7.01%
Of No Importance	143	1	8.95%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.01
Total Responses	1597		

7(f). IMPORTANCE: Create user accounts			
Responses	Count	Assigned Weight	%
Extremely Important	582	5	36.44%
Very Important	456	4	28.55%
Moderately Important	263	3	16.47%
Of Little Importance	128	2	8.02%
Of No Importance	168	1	10.52%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.72
Total Responses	1597		

7(g). IMPORTANCE: Perform end user audits			
Responses	Count	Assigned Weight	%
Extremely Important	489	5	30.62%
Very Important	532	4	33.31%
Moderately Important	303	3	18.97%
Of Little Importance	118	2	7.39%
Of No Importance	155	1	9.71%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.68
Total Responses	1597		

7(h). IMPORTANCE: Perform system maintenance of software and systems			
Responses	Count	Assigned Weight	%
Extremely Important	573	5	35.88%
Very Important	426	4	26.68%
Moderately Important	238	3	14.90%
Of Little Importance	161	2	10.08%
Of No Importance	199	1	12.46%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.63
Total Responses	1597		

7(i). IMPORTANCE: Trouble-shoot HIM software or support systems			
Responses	Count	Assigned Weight	%
Extremely Important	520	5	32.56%
Very Important	524	4	32.81%
Moderately Important	263	3	16.47%
Of Little Importance	137	2	8.58%
Of No Importance	153	1	9.58%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.70
Total Responses	1597		

7(j). IMPORTANCE: Evaluate the functionality of applications			
Responses	Count	Assigned Weight	%
Extremely Important	485	5	30.37%
Very Important	579	4	36.26%
Moderately Important	298	3	18.66%
Of Little Importance	114	2	7.14%
Of No Importance	121	1	7.58%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.75
Total Responses	1597		

7(k). IMPORTANCE: Participate in vendor selection			
Responses	Count	Assigned Weight	%
Extremely Important	477	5	29.87%
Very Important	510	4	31.93%
Moderately Important	344	3	21.54%
Of Little Importance	136	2	8.52%
Of No Importance	130	1	8.14%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.67
Total Responses	1597		

7(l). IMPORTANCE: Perform end user needs analysis			
Responses	Count	Assigned Weight	%
Extremely Important	376	5	23.54%
Very Important	569	4	35.63%
Moderately Important	378	3	23.67%
Of Little Importance	128	2	8.02%
Of No Importance	146	1	9.14%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.56
Total Responses	1597		

7(m). IMPORTANCE: Train users on software			
Responses	Count	Assigned Weight	%
Extremely Important	700	5	43.83%
Very Important	511	4	32.00%
Moderately Important	209	3	13.09%
Of Little Importance	70	2	4.38%
Of No Importance	107	1	6.70%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.02
Total Responses	1597		

8. FREQUENCY			
8(a). FREQUENCY: Create database			
Responses	Count	Assigned Weight	%
Repeatedly	241	5	15.09%
Often	369	4	23.11%
Sometimes	378	3	23.67%
Rarely	290	2	18.16%
Never	319	1	19.97%
(Did not answer)	0	NULL	0%
			Weighted Score : 2.95
Total Responses	1597		

8(b). FREQUENCY: Maintain database			
Responses	Count	Assigned Weight	%
Repeatedly	410	5	25.67%
Often	415	4	25.99%
Sometimes	298	3	18.66%
Rarely	196	2	12.27%
Never	278	1	17.41%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.30
Total Responses	1597		

8(c). FREQUENCY: Create data dictionaries			
Responses	Count	Assigned Weight	%
Repeatedly	144	5	9.02%
Often	397	4	24.86%
Sometimes	369	3	23.11%
Rarely	303	2	18.97%
Never	384	1	24.05%
(Did not answer)	0	NULL	0%
			Weighted Score : 2.76
Total Responses	1597		

8(d). FREQUENCY: Design data archive and backup policies			
Responses	Count	Assigned Weight	%
Repeatedly	204	5	12.77%
Often	360	4	22.54%
Sometimes	343	3	21.48%
Rarely	279	2	17.47%
Never	411	1	25.74%
(Did not answer)	0	NULL	0%
			Weighted Score : 2.79
Total Responses	1597		

8(e). FREQUENCY: Set up secure access			
Responses	Count	Assigned Weight	%
Repeatedly	440	5	27.55%
Often	299	4	18.72%
Sometimes	234	3	14.65%
Rarely	219	2	13.71%
Never	405	1	25.36%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.09
Total Responses	1597		

8(f). FREQUENCY: Create user accounts			
Responses	Count	Assigned Weight	%
Repeatedly	320	5	20.04%
Often	343	4	21.48%
Sometimes	269	3	16.84%
Rarely	236	2	14.78%
Never	429	1	26.86%
(Did not answer)	0	NULL	0%
			Weighted Score : 2.93
Total Responses	1597		

8(g). FREQUENCY: Perform end user audits			
Responses	Count	Assigned Weight	%
Repeatedly	244	5	15.28%
Often	417	4	26.11%
Sometimes	309	3	19.35%
Rarely	222	2	13.90%
Never	405	1	25.36%
(Did not answer)	0	NULL	0%
			Weighted Score : 2.92
Total Responses	1597		

8(h). FREQUENCY: Perform system maintenance of software and systems			
Responses	Count	Assigned Weight	%
Repeatedly	268	5	16.78%
Often	327	4	20.48%
Sometimes	230	3	14.40%
Rarely	254	2	15.90%
Never	518	1	32.44%
(Did not answer)	0	NULL	0%
			Weighted Score : 2.73
Total Responses	1597		

8(i). FREQUENCY: Trouble-shoot HIM software or support systems			
Responses	Count	Assigned Weight	%
Repeatedly	252	5	15.78%
Often	376	4	23.54%
Sometimes	339	3	21.23%
Rarely	244	2	15.28%
Never	386	1	24.17%
(Did not answer)	0	NULL	0%
			Weighted Score : 2.91
Total Responses	1597		

8(j). FREQUENCY: Evaluate the functionality of applications			
Responses	Count	Assigned Weight	%
Repeatedly	219	5	13.71%
Often	427	4	26.74%
Sometimes	436	3	27.30%
Rarely	230	2	14.40%
Never	285	1	17.85%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.04
Total Responses	1597		

8(k). FREQUENCY: Participate in vendor selection			
Responses	Count	Assigned Weight	%
Repeatedly	180	5	11.27%
Often	360	4	22.54%
Sometimes	465	3	29.12%
Rarely	243	2	15.22%
Never	349	1	21.85%
(Did not answer)	0	NULL	0%
			Weighted Score : 2.86
Total Responses	1597		

8(l). FREQUENCY: Perform end user needs analysis			
Responses	Count	Assigned Weight	%
Repeatedly	178	5	11.15%
Often	383	4	23.98%
Sometimes	442	3	27.68%
Rarely	237	2	14.84%
Never	357	1	22.35%
(Did not answer)	0	NULL	0%
			Weighted Score : 2.87
Total Responses	1597		

8(m). FREQUENCY: Train users on software			
Responses	Count	Assigned Weight	%
Repeatedly	363	5	22.73%
Often	449	4	28.12%
Sometimes	408	3	25.55%
Rarely	163	2	10.21%
Never	214	1	13.40%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.37
Total Responses	1597		

9. IMPORTANCE			
9(a). IMPORTANCE: Audit health records for content, completeness, accuracy, and timeliness			
Responses	Count	Assigned Weight	%
Extremely Important	1000	5	62.62%
Very Important	431	4	26.99%
Moderately Important	93	3	5.82%
Of Little Importance	23	2	1.44%
Of No Importance	50	1	3.13%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.45
Total Responses	1597		

9(b). IMPORTANCE: Analyze standards, guidelines, and/or regulations to build criteria for audits			
Responses	Count	Assigned Weight	%
Extremely Important	654	5	40.95%
Very Important	637	4	39.89%
Moderately Important	196	3	12.27%
Of Little Importance	38	2	2.38%
Of No Importance	72	1	4.51%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.10
Total Responses	1597		

9(c). IMPORTANCE: Develop a tool for collecting statistically valid data			
Responses	Count	Assigned Weight	%
Extremely Important	486	5	30.43%
Very Important	627	4	39.26%
Moderately Important	322	3	20.16%
Of Little Importance	79	2	4.95%
Of No Importance	83	1	5.20%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.85
Total Responses	1597		

9(d). IMPORTANCE: Use trended data to participate in performance improvement plans/initiatives			
Responses	Count	Assigned Weight	%
Extremely Important	470	5	29.43%
Very Important	666	4	41.70%
Moderately Important	313	3	19.60%
Of Little Importance	73	2	4.57%
Of No Importance	75	1	4.70%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.87
Total Responses	1597		

9(e). IMPORTANCE: Develop reports on audit findings			
Responses	Count	Assigned Weight	%
Extremely Important	501	5	31.37%
Very Important	662	4	41.45%
Moderately Important	300	3	18.79%
Of Little Importance	55	2	3.44%
Of No Importance	79	1	4.95%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.91
Total Responses	1597		

9(f). IMPORTANCE: Apply standards, guidelines, and/or regulations to health records			
Responses	Count	Assigned Weight	%
Extremely Important	945	5	59.17%
Very Important	461	4	28.87%
Moderately Important	124	3	7.76%
Of Little Importance	18	2	1.13%
Of No Importance	49	1	3.07%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.40
Total Responses	1597		

9(g). IMPORTANCE: Implement corrective actions as determined by audit findings (internal and external)			
Responses	Count	Assigned Weight	%
Extremely Important	718	5	44.96%
Very Important	601	4	37.63%
Moderately Important	161	3	10.08%
Of Little Importance	48	2	3.01%
Of No Importance	69	1	4.32%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.16
Total Responses	1597		

9(h). IMPORTANCE: Monitor physician credentials to practice in the facility			
Responses	Count	Assigned Weight	%
Extremely Important	660	5	41.33%
Very Important	381	4	23.86%
Moderately Important	219	3	13.71%
Of Little Importance	127	2	7.95%
Of No Importance	210	1	13.15%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.72
Total Responses	1597		

9(i). IMPORTANCE: Conduct clinical pertinence reviews			
Responses	Count	Assigned Weight	%
Extremely Important	397	5	24.86%
Very Important	574	4	35.94%
Moderately Important	341	3	21.35%
Of Little Importance	122	2	7.64%
Of No Importance	163	1	10.21%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.58
Total Responses	1597		

9(j). IMPORTANCE: Perform data collection for quality reporting (core measures, PQRI, medical necessity, etc.)			
Responses	Count	Assigned Weight	%
Extremely Important	562	5	35.19%
Very Important	596	4	37.32%
Moderately Important	272	3	17.03%
Of Little Importance	55	2	3.44%
Of No Importance	112	1	7.01%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.90
Total Responses	1597		

9(k). IMPORTANCE: Apply process improvement techniques			
Responses	Count	Assigned Weight	%
Extremely Important	501	5	31.37%
Very Important	692	4	43.33%
Moderately Important	282	3	17.66%
Of Little Importance	58	2	3.63%
Of No Importance	64	1	4.01%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.94
Total Responses	1597		

9(l). IMPORTANCE: Comply with national patient safety goals			
Responses	Count	Assigned Weight	%
Extremely Important	783	5	49.03%
Very Important	429	4	26.86%
Moderately Important	195	3	12.21%
Of Little Importance	82	2	5.13%
Of No Importance	108	1	6.76%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.06
Total Responses	1597		

9(m). IMPORTANCE: Provide consultation to internal and external users of health information on HIM subject matter			
Responses	Count	Assigned Weight	%
Extremely Important	559	5	35.00%
Very Important	583	4	36.51%
Moderately Important	307	3	19.22%
Of Little Importance	61	2	3.82%
Of No Importance	87	1	5.45%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.92
Total Responses	1597		

9(n). IMPORTANCE: Design efficient workflow processes			
Responses	Count	Assigned Weight	%
Extremely Important	680	5	42.58%
Very Important	603	4	37.76%
Moderately Important	196	3	12.27%
Of Little Importance	48	2	3.01%
Of No Importance	70	1	4.38%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.11
Total Responses	1597		

10. FREQUENCY			
10(a). FREQUENCY: Audit health records for content, completeness, accuracy, and timeliness			
Responses	Count	Assigned Weight	%
Repeatedly	823	5	51.53%
Often	401	4	25.11%
Sometimes	187	3	11.71%
Rarely	69	2	4.32%
Never	117	1	7.33%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.09
Total Responses	1597		

10(b). FREQUENCY: Analyze standards, guidelines, and/or regulations to build criteria for audits			
Responses	Count	Assigned Weight	%
Repeatedly	428	5	26.80%
Often	529	4	33.12%
Sometimes	315	3	19.72%
Rarely	147	2	9.20%
Never	178	1	11.15%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.55
Total Responses	1597		

10(c). FREQUENCY: Develop a tool for collecting statistically valid data			
Responses	Count	Assigned Weight	%
Repeatedly	272	5	17.03%
Often	468	4	29.30%
Sometimes	424	3	26.55%
Rarely	207	2	12.96%
Never	226	1	14.15%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.22
Total Responses	1597		

10(d). FREQUENCY: Use trended data to participate in performance improvement plans/initiatives			
Responses	Count	Assigned Weight	%
Repeatedly	296	5	18.53%
Often	511	4	32.00%
Sometimes	420	3	26.30%
Rarely	185	2	11.58%
Never	185	1	11.58%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.34
Total Responses	1597		

10(e). FREQUENCY: Develop reports on audit findings			
Responses	Count	Assigned Weight	%
Repeatedly	352	5	22.04%
Often	541	4	33.88%
Sometimes	370	3	23.17%
Rarely	129	2	8.08%
Never	205	1	12.84%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.44
Total Responses	1597		

10(f). FREQUENCY: Apply standards, guidelines, and/or regulations to health records			
Responses	Count	Assigned Weight	%
Repeatedly	790	5	49.47%
Often	453	4	28.37%
Sometimes	193	3	12.09%
Rarely	57	2	3.57%
Never	104	1	6.51%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.11
Total Responses	1597		

10(g). FREQUENCY: Implement corrective actions as determined by audit findings (internal and external)			
Responses	Count	Assigned Weight	%
Repeatedly	430	5	26.93%
Often	543	4	34.00%
Sometimes	331	3	20.73%
Rarely	119	2	7.45%
Never	174	1	10.90%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.59
Total Responses	1597		

10(h). FREQUENCY: Monitor physician credentials to practice in the facility			
Responses	Count	Assigned Weight	%
Repeatedly	312	5	19.54%
Often	299	4	18.72%
Sometimes	234	3	14.65%
Rarely	247	2	15.47%
Never	505	1	31.62%
(Did not answer)	0	NULL	0%
			Weighted Score : 2.79
Total Responses	1597		

10(i). FREQUENCY: Conduct clinical pertinence reviews			
Responses	Count	Assigned Weight	%
Repeatedly	241	5	15.09%
Often	403	4	25.23%
Sometimes	332	3	20.79%
Rarely	213	2	13.34%
Never	408	1	25.55%
(Did not answer)	0	NULL	0%
			Weighted Score : 2.91
Total Responses	1597		

10(j). FREQUENCY: Perform data collection for quality reporting (core measures, PQRI, medical necessity, etc.)			
Responses	Count	Assigned Weight	%
Repeatedly	417	5	26.11%
Often	426	4	26.68%
Sometimes	311	3	19.47%
Rarely	161	2	10.08%
Never	282	1	17.66%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.34
Total Responses	1597		

10(k). FREQUENCY: Apply process improvement techniques			
Responses	Count	Assigned Weight	%
Repeatedly	389	5	24.36%
Often	553	4	34.63%
Sometimes	376	3	23.54%
Rarely	130	2	8.14%
Never	149	1	9.33%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.57
Total Responses	1597		

10(l). FREQUENCY: Comply with national patient safety goals			
Responses	Count	Assigned Weight	%
Repeatedly	595	5	37.26%
Often	389	4	24.36%
Sometimes	245	3	15.34%
Rarely	162	2	10.14%
Never	206	1	12.90%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.63
Total Responses	1597		

10(m). FREQUENCY: Provide consultation to internal and external users of health information on HIM subject matter			
Responses	Count	Assigned Weight	%
Repeatedly	373	5	23.36%
Often	488	4	30.56%
Sometimes	406	3	25.42%
Rarely	143	2	8.95%
Never	187	1	11.71%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.45
Total Responses	1597		

10(n). FREQUENCY: Design efficient workflow processes			
Responses	Count	Assigned Weight	%
Repeatedly	435	5	27.24%
Often	521	4	32.62%
Sometimes	356	3	22.29%
Rarely	122	2	7.64%
Never	163	1	10.21%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.59
Total Responses	1597		

11. IMPORTANCE			
11(a). IMPORTANCE: Maintain the chargemaster			
Responses	Count	Assigned Weight	%
Extremely Important	714	5	44.71%
Very Important	363	4	22.73%
Moderately Important	194	3	12.15%
Of Little Importance	114	2	7.14%
Of No Importance	212	1	13.27%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.78
Total Responses	1597		

11(b). IMPORTANCE: Ensure physicians are credentialed with different payers for reimbursement			
Responses	Count	Assigned Weight	%
Extremely Important	563	5	35.25%
Very Important	410	4	25.67%
Moderately Important	206	3	12.90%
Of Little Importance	168	2	10.52%
Of No Importance	250	1	15.65%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.54
Total Responses	1597		

11(c). IMPORTANCE: Monitor claim denials/over-payments to identify potential revenue impact			
Responses	Count	Assigned Weight	%
Extremely Important	665	5	41.64%
Very Important	455	4	28.49%
Moderately Important	211	3	13.21%
Of Little Importance	99	2	6.20%
Of No Importance	167	1	10.46%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.85
Total Responses	1597		

11(d). IMPORTANCE: Assist with appeal letters in response to claim denials			
Responses	Count	Assigned Weight	%
Extremely Important	577	5	36.13%
Very Important	532	4	33.31%
Moderately Important	258	3	16.16%
Of Little Importance	89	2	5.57%
Of No Importance	141	1	8.83%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.82
Total Responses	1597		

11(e). IMPORTANCE: Collaborate with other departments on monitoring accounts receivable (i.e., unbilled, uncoded)			
Responses	Count	Assigned Weight	%
Extremely Important	748	5	46.84%
Very Important	501	4	31.37%
Moderately Important	195	3	12.21%
Of Little Importance	51	2	3.19%
Of No Importance	102	1	6.39%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.09
Total Responses	1597		

11(f). IMPORTANCE: Participate in clinical documentation improvement programs to ensure proper documentation of health records			
Responses	Count	Assigned Weight	%
Extremely Important	839	5	52.54%
Very Important	515	4	32.25%
Moderately Important	158	3	9.89%
Of Little Importance	24	2	1.50%
Of No Importance	61	1	3.82%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.28
Total Responses	1597		

11(g). IMPORTANCE: Communicate with providers to discuss documentation deficiencies (i.e., queries)			
Responses	Count	Assigned Weight	%
Extremely Important	829	5	51.91%
Very Important	536	4	33.56%
Moderately Important	144	3	9.02%
Of Little Importance	33	2	2.07%
Of No Importance	55	1	3.44%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.28
Total Responses	1597		

11(h). IMPORTANCE: Provide ongoing education to healthcare providers (i.e., regulatory changes, new guidelines, payment standards, best practices, etc.)			
Responses	Count	Assigned Weight	%
Extremely Important	722	5	45.21%
Very Important	570	4	35.69%
Moderately Important	165	3	10.33%
Of Little Importance	52	2	3.26%
Of No Importance	88	1	5.51%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.12
Total Responses	1597		

11(i). IMPORTANCE: Verify coordination of benefits			
Responses	Count	Assigned Weight	%
Extremely Important	341	5	21.35%
Very Important	461	4	28.87%
Moderately Important	303	3	18.97%
Of Little Importance	216	2	13.53%
Of No Importance	276	1	17.28%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.23
Total Responses	1597		

11(j). IMPORTANCE: Prioritize the work according to accounts receivable, patient type, etc.			
Responses	Count	Assigned Weight	%
Extremely Important	440	5	27.55%
Very Important	543	4	34.00%
Moderately Important	312	3	19.54%
Of Little Importance	139	2	8.70%
Of No Importance	163	1	10.21%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.60
Total Responses	1597		

11(k). IMPORTANCE: Distribute the work according to accounts receivable, patient type, etc.			
Responses	Count	Assigned Weight	%
Extremely Important	388	5	24.30%
Very Important	540	4	33.81%
Moderately Important	339	3	21.23%
Of Little Importance	147	2	9.20%
Of No Importance	183	1	11.46%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.50
Total Responses	1597		

11(l). IMPORTANCE: Perform insurance verification			
Responses	Count	Assigned Weight	%
Extremely Important	461	5	28.87%
Very Important	395	4	24.73%
Moderately Important	241	3	15.09%
Of Little Importance	202	2	12.65%
Of No Importance	298	1	18.66%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.32
Total Responses	1597		

11(m). IMPORTANCE: Perform insurance precertification			
Responses	Count	Assigned Weight	%
Extremely Important	454	5	28.43%
Very Important	409	4	25.61%
Moderately Important	205	3	12.84%
Of Little Importance	200	2	12.52%
Of No Importance	329	1	20.60%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.29
Total Responses	1597		

11(n). IMPORTANCE: Identify fraud and abuse			
Responses	Count	Assigned Weight	%
Extremely Important	905	5	56.67%
Very Important	368	4	23.04%
Moderately Important	147	3	9.20%
Of Little Importance	58	2	3.63%
Of No Importance	119	1	7.45%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.18
Total Responses	1597		

12. FREQUENCY			
12(a). FREQUENCY: Maintain the chargemaster			
Responses	Count	Assigned Weight	%
Repeatedly	375	5	23.48%
Often	260	4	16.28%
Sometimes	226	3	14.15%
Rarely	195	2	12.21%
Never	541	1	33.88%
(Did not answer)	0	NULL	0%
			Weighted Score : 2.83
Total Responses	1597		

12(b). FREQUENCY: Ensure physicians are credentialed with different payers for reimbursement			
Responses	Count	Assigned Weight	%
Repeatedly	274	5	17.16%
Often	271	4	16.97%
Sometimes	187	3	11.71%
Rarely	231	2	14.46%
Never	634	1	39.70%
(Did not answer)	0	NULL	0%
			Weighted Score : 2.57
Total Responses	1597		

12(c). FREQUENCY: Monitor claim denials/over-payments to identify potential revenue impact			
Responses	Count	Assigned Weight	%
Repeatedly	451	5	28.24%
Often	303	4	18.97%
Sometimes	256	3	16.03%
Rarely	192	2	12.02%
Never	395	1	24.73%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.14
Total Responses	1597		

12(d). FREQUENCY: Assist with appeal letters in response to claim denials			
Responses	Count	Assigned Weight	%
Repeatedly	365	5	22.86%
Often	377	4	23.61%
Sometimes	344	3	21.54%
Rarely	179	2	11.21%
Never	332	1	20.79%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.17
Total Responses	1597		

12(e). FREQUENCY: Collaborate with other departments on monitoring accounts receivable (i.e., unbilled, uncoded)			
Responses	Count	Assigned Weight	%
Repeatedly	611	5	38.26%
Often	418	4	26.17%
Sometimes	259	3	16.22%
Rarely	99	2	6.20%
Never	210	1	13.15%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.70
Total Responses	1597		

12(f). FREQUENCY: Participate in clinical documentation improvement programs to ensure proper documentation of health records			
Responses	Count	Assigned Weight	%
Repeatedly	605	5	37.88%
Often	467	4	29.24%
Sometimes	267	3	16.72%
Rarely	103	2	6.45%
Never	155	1	9.71%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.79
Total Responses	1597		

12(g). FREQUENCY: Communicate with providers to discuss documentation deficiencies (i.e., queries)			
Responses	Count	Assigned Weight	%
Repeatedly	630	5	39.45%
Often	490	4	30.68%
Sometimes	260	3	16.28%
Rarely	86	2	5.39%
Never	131	1	8.20%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.88
Total Responses	1597		

12(h). FREQUENCY: Provide ongoing education to healthcare providers (i.e., regulatory changes, new guidelines, payment standards, best practices, etc.)			
Responses	Count	Assigned Weight	%
Repeatedly	441	5	27.61%
Often	500	4	31.31%
Sometimes	307	3	19.22%
Rarely	140	2	8.77%
Never	209	1	13.09%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.52
Total Responses	1597		

12(i). FREQUENCY: Verify coordination of benefits			
Responses	Count	Assigned Weight	%
Repeatedly	205	5	12.84%
Often	266	4	16.66%
Sometimes	249	3	15.59%
Rarely	255	2	15.97%
Never	622	1	38.95%
(Did not answer)	0	NULL	0%
			Weighted Score : 2.48
Total Responses	1597		

12(j). FREQUENCY: Prioritize the work according to accounts receivable, patient type, etc.			
Responses	Count	Assigned Weight	%
Repeatedly	413	5	25.86%
Often	401	4	25.11%
Sometimes	287	3	17.97%
Rarely	152	2	9.52%
Never	344	1	21.54%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.24
Total Responses	1597		

12(k). FREQUENCY: Distribute the work according to accounts receivable, patient type, etc.			
Responses	Count	Assigned Weight	%
Repeatedly	346	5	21.67%
Often	397	4	24.86%
Sometimes	296	3	18.53%
Rarely	172	2	10.77%
Never	386	1	24.17%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.09
Total Responses	1597		

12(l). FREQUENCY: Perform insurance verification			
Responses	Count	Assigned Weight	%
Repeatedly	312	5	19.54%
Often	203	4	12.71%
Sometimes	177	3	11.08%
Rarely	247	2	15.47%
Never	658	1	41.20%
(Did not answer)	0	NULL	0%
			Weighted Score : 2.54
Total Responses	1597		

12(m). FREQUENCY: Perform insurance precertification			
Responses	Count	Assigned Weight	%
Repeatedly	303	5	18.97%
Often	187	4	11.71%
Sometimes	142	3	8.89%
Rarely	249	2	15.59%
Never	716	1	44.83%
(Did not answer)	0	NULL	0%
			Weighted Score : 2.44
Total Responses	1597		

12(n). FREQUENCY: Identify fraud and abuse			
Responses	Count	Assigned Weight	%
Repeatedly	467	5	29.24%
Often	249	4	15.59%
Sometimes	301	3	18.85%
Rarely	264	2	16.53%
Never	316	1	19.79%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.18
Total Responses	1597		

13. IMPORTANCE			
13(a). IMPORTANCE: Respond to Release of Information (ROI) requests from internal and external requestors			
Responses	Count	Assigned Weight	%
Extremely Important	880	5	55.10%
Very Important	437	4	27.36%
Moderately Important	119	3	7.45%
Of Little Importance	55	2	3.44%
Of No Importance	106	1	6.64%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.21
Total Responses	1597		

13(b). IMPORTANCE: Adhere to disclosure standards and regulations (HIPAA privacy, HITECH Act, breach notifications, etc.) at both state and federal levels			
Responses	Count	Assigned Weight	%
Extremely Important	1243	5	77.83%
Very Important	254	4	15.90%
Moderately Important	49	3	3.07%
Of Little Importance	14	2	0.88%
Of No Importance	37	1	2.32%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.66
Total Responses	1597		

13(c). IMPORTANCE: Follow state mandated and/or organizational record retention and destruction policies			
Responses	Count	Assigned Weight	%
Extremely Important	1058	5	66.25%
Very Important	344	4	21.54%
Moderately Important	81	3	5.07%
Of Little Importance	25	2	1.57%
Of No Importance	89	1	5.57%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.41
Total Responses	1597		

13(d). IMPORTANCE: Work with risk management department to provide requested documentation			
Responses	Count	Assigned Weight	%
Extremely Important	767	5	48.03%
Very Important	523	4	32.75%
Moderately Important	159	3	9.96%
Of Little Importance	48	2	3.01%
Of No Importance	100	1	6.26%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.13
Total Responses	1597		

13(e). IMPORTANCE: Identify potential health record related risk management issues through auditing			
Responses	Count	Assigned Weight	%
Extremely Important	618	5	38.70%
Very Important	606	4	37.95%
Moderately Important	198	3	12.40%
Of Little Importance	67	2	4.20%
Of No Importance	108	1	6.76%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.98
Total Responses	1597		

13(f). IMPORTANCE: Serve as the custodian of the health records (paper or electronic)			
Responses	Count	Assigned Weight	%
Extremely Important	1039	5	65.06%
Very Important	312	4	19.54%
Moderately Important	114	3	7.14%
Of Little Importance	35	2	2.19%
Of No Importance	97	1	6.07%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.35
Total Responses	1597		

13(g). IMPORTANCE: Ensure confidentiality of the health records (paper and electronic)			
Responses	Count	Assigned Weight	%
Extremely Important	1378	5	86.29%
Very Important	150	4	9.39%
Moderately Important	33	3	2.07%
Of Little Importance	8	2	0.50%
Of No Importance	28	1	1.75%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.78
Total Responses	1597		

13(h). IMPORTANCE: Represent the facility in court related matters as it applies to the health record (subpoenas, depositions, court orders, warrants)			
Responses	Count	Assigned Weight	%
Extremely Important	825	5	51.66%
Very Important	429	4	26.86%
Moderately Important	130	3	8.14%
Of Little Importance	59	2	3.69%
Of No Importance	154	1	9.64%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.07
Total Responses	1597		

13(i). IMPORTANCE: Facilitate basic education regarding the use of consents, healthcare Power of Attorney, Advanced Directives, DNRs, etc.			
Responses	Count	Assigned Weight	%
Extremely Important	630	5	39.45%
Very Important	509	4	31.87%
Moderately Important	233	3	14.59%
Of Little Importance	88	2	5.51%
Of No Importance	137	1	8.58%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.88
Total Responses	1597		

13(j). IMPORTANCE: Maintain integrity of legal health record according to organizational bylaws, rules and regulations			
Responses	Count	Assigned Weight	%
Extremely Important	1099	5	68.82%
Very Important	323	4	20.23%
Moderately Important	82	3	5.13%
Of Little Importance	20	2	1.25%
Of No Importance	73	1	4.57%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.47
Total Responses	1597		

13(k). IMPORTANCE: Respond to and process patient amendment requests to the health record			
Responses	Count	Assigned Weight	%
Extremely Important	674	5	42.20%
Very Important	525	4	32.87%
Moderately Important	200	3	12.52%
Of Little Importance	56	2	3.51%
Of No Importance	142	1	8.89%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.96
Total Responses	1597		

13(l). IMPORTANCE: Demonstrate and promote legal and ethical standards of practice			
Responses	Count	Assigned Weight	%
Extremely Important	1143	5	71.57%
Very Important	303	4	18.97%
Moderately Important	79	3	4.95%
Of Little Importance	17	2	1.06%
Of No Importance	55	1	3.44%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.54
Total Responses	1597		

14. FREQUENCY			
14(a). FREQUENCY: Respond to Release of Information (ROI) requests from internal and external requestors			
Responses	Count	Assigned Weight	%
Repeatedly	797	5	49.91%
Often	258	4	16.16%
Sometimes	165	3	10.33%
Rarely	109	2	6.83%
Never	268	1	16.78%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.76
Total Responses	1597		

14(b). FREQUENCY: Adhere to disclosure standards and regulations (HIPAA privacy, HITECH Act, breach notifications, etc.) at both state and federal levels			
Responses	Count	Assigned Weight	%
Repeatedly	1101	5	68.94%
Often	232	4	14.53%
Sometimes	114	3	7.14%
Rarely	51	2	3.19%
Never	99	1	6.20%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.37
Total Responses	1597		

14(c). FREQUENCY: Follow state mandated and/or organizational record retention and destruction policies			
Responses	Count	Assigned Weight	%
Repeatedly	889	5	55.67%
Often	318	4	19.91%
Sometimes	126	3	7.89%
Rarely	68	2	4.26%
Never	196	1	12.27%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.02
Total Responses	1597		

14(d). FREQUENCY: Work with risk management department to provide requested documentation			
Responses	Count	Assigned Weight	%
Repeatedly	564	5	35.32%
Often	422	4	26.42%
Sometimes	273	3	17.09%
Rarely	124	2	7.76%
Never	214	1	13.40%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.62
Total Responses	1597		

14(e). FREQUENCY: Identify potential health record related risk management issues through auditing			
Responses	Count	Assigned Weight	%
Repeatedly	418	5	26.17%
Often	430	4	26.93%
Sometimes	338	3	21.16%
Rarely	179	2	11.21%
Never	232	1	14.53%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.39
Total Responses	1597		

14(f). FREQUENCY: Serve as the custodian of the health records (paper or electronic)			
Responses	Count	Assigned Weight	%
Repeatedly	939	5	58.80%
Often	225	4	14.09%
Sometimes	139	3	8.70%
Rarely	64	2	4.01%
Never	230	1	14.40%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.99
Total Responses	1597		

14(g). FREQUENCY: Ensure confidentiality of the health records (paper and electronic)			
Responses	Count	Assigned Weight	%
Repeatedly	1297	5	81.21%
Often	151	4	9.46%
Sometimes	69	3	4.32%
Rarely	20	2	1.25%
Never	60	1	3.76%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.63
Total Responses	1597		

14(h). FREQUENCY: Represent the facility in court related matters as it applies to the health record (subpoenas, depositions, court orders, warrants)			
Responses	Count	Assigned Weight	%
Repeatedly	392	5	24.55%
Often	220	4	13.78%
Sometimes	296	3	18.53%
Rarely	244	2	15.28%
Never	445	1	27.86%
(Did not answer)	0	NULL	0%
			Weighted Score : 2.92
Total Responses	1597		

14(i). FREQUENCY: Facilitate basic education regarding the use of consents, healthcare Power of Attorney, Advanced Directives, DNRs, etc.			
Responses	Count	Assigned Weight	%
Repeatedly	377	5	23.61%
Often	336	4	21.04%
Sometimes	344	3	21.54%
Rarely	183	2	11.46%
Never	357	1	22.35%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.12
Total Responses	1597		

14(j). FREQUENCY: Maintain integrity of legal health record according to organizational bylaws, rules and regulations			
Responses	Count	Assigned Weight	%
Repeatedly	917	5	57.42%
Often	323	4	20.23%
Sometimes	137	3	8.58%
Rarely	70	2	4.38%
Never	150	1	9.39%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.12
Total Responses	1597		

14(k). FREQUENCY: Respond to and process patient amendment requests to the health record			
Responses	Count	Assigned Weight	%
Repeatedly	406	5	25.42%
Often	264	4	16.53%
Sometimes	317	3	19.85%
Rarely	243	2	15.22%
Never	367	1	22.98%
(Did not answer)	0	NULL	0%
			Weighted Score : 3.06
Total Responses	1597		

14(I). FREQUENCY: Demonstrate and promote legal and ethical standards of practice			
Responses	Count	Assigned Weight	%
Repeatedly	1015	5	63.56%
Often	261	4	16.34%
Sometimes	142	3	8.89%
Rarely	68	2	4.26%
Never	111	1	6.95%
(Did not answer)	0	NULL	0%
			Weighted Score : 4.25
Total Responses	1597		

15. In what year were you awarded the RHIT credential?		
Responses	Count	%
Before 2002	1109	69.44%
2002	39	2.44%
2003	33	2.07%
2004	45	2.82%
2005	55	3.44%
2006	52	3.26%
2007	62	3.88%
2008	75	4.70%
2009	82	5.13%
2010	45	2.82%
(Did not answer)	0	0%
Total Responses	1597	

16. What other AHIMA credentials do you currently hold? (Please mark all that apply).

Responses	Count	%
CCS	620	38.82%
CCS-P	115	7.20%
CHP	15	0.94%
CHPS	4	0.25%
RHIA	13	0.81%
CCA	42	2.63%
CHDA	4	0.25%
None	843	52.79%
(Did not answer)	0	0%
Total Responses	1656	

Multiple answers per participant possible. Percentages added may exceed 100 since a participant may select more than one answer for this question.

17. Do you plan on taking any of the following AHIMA certification examinations? (Please mark all that apply).

Responses	Count	%
CCS	187	11.71%
CCS-P	86	5.39%
CHP	20	1.25%
CHPS	29	1.82%
RHIA	138	8.64%
CCA	12	0.75%
CHDA	57	3.57%
None	1178	73.76%
(Did not answer)	0	0%
Total Responses	1707	

Multiple answers per participant possible. Percentages added may exceed 100 since a participant may select more than one answer for this question.

18. What is your primary work setting?		
Responses	Count	%
Billing agency	12	0.75%
Consultant/vendor HIM services	91	5.70%
Correspondence company	1	0.06%
Educational institution	33	2.07%
Freestanding ambulatory -surgery center	2	0.13%
Government/public health -agency	41	2.57%
Home health care agency	9	0.56%
Hospice	11	0.69%
Hospital	1009	63.18%
Insurance company	16	1.00%
Jail/corrections facility	7	0.44%
Law firm	1	0.06%
Long-term care facility	28	1.75%
Managed care HMO/PPO office	6	0.38%
Medical group practice/physician's office	78	4.88%
Mental health facility	26	1.63%
Multihospital/diversified system	57	3.57%
Other ambulatory care facility	15	0.94%
Pharma/medical -device/biotech manufacturer	2	0.13%
Professional or trade association	3	0.19%
Rehabilitation facility	21	1.31%
Transcription company	6	0.38%
Vendor HIM products	5	0.31%
Other (please specify)	117	7.33%
(Did not answer)	0	0%
Total Responses	1597	

19. Please describe the nature of your RHIT position (Please mark all that apply).		
Responses	Count	%
Full-Time	1373	85.97%
Part-Time	127	7.95%
Currently unemployed	49	3.07%
Retired	10	0.63%
Self-employed	36	2.25%
I work from home	166	10.39%
I am NOT currently employed in a coding position	104	6.51%
Other (please specify)	57	3.57%
(Did not answer)	0	0%
Total Responses	1922	
Multiple answers per participant possible. Percentages added may exceed 100 since a participant may select more than one answer for this question.		

20. Approximately how long did you code PRIOR to obtaining your RHIT credential?		
Responses	Count	%
Less than 1 month	585	36.63%
1 to 3 months	182	11.40%
3 to 6 months	147	9.20%
6 months to 1 year	194	12.15%
1 to 2 years	166	10.39%
2 to 3 years	83	5.20%
3 to 4 years	45	2.82%
4 to 5 years	43	2.69%
More than 5 years	152	9.52%
(Did not answer)	0	0%
Total Responses	1597	

21. Please provide the location of the facility in which you practice (if you practice in multiple states, please select the PRIMARY state).

Responses	Count	%
AL	35	2.19%
AK	8	0.50%
AZ	24	1.50%
AR	15	0.94%
CA	105	6.57%
CO	15	0.94%
CT	7	0.44%
DE	0	0%
FL	53	3.32%
GA	25	1.57%
HI	2	0.13%
ID	27	1.69%
IL	94	5.89%
IN	53	3.32%
IA	29	1.82%
KS	27	1.69%
KY	38	2.38%
LA	14	0.88%
ME	4	0.25%
MD	25	1.57%
MA	19	1.19%
MI	79	4.95%
MN	47	2.94%
MS	28	1.75%
MO	41	2.57%
MT	7	0.44%
NE	13	0.81%
NV	13	0.81%
NH	3	0.19%
NJ	21	1.31%
NM	7	0.44%
NY	89	5.57%
NC	50	3.13%
ND	8	0.50%
OH	126	7.89%
OK	11	0.69%
OR	32	2.00%
PA	50	3.13%

21. Please provide the location of the facility in which you practice (if you practice in multiple states, please select the PRIMARY state).		
RI	2	0.13%
SC	24	1.50%
SD	4	0.25%
TN	40	2.50%
TX	116	7.26%
UT	10	0.63%
VT	3	0.19%
VA	34	2.13%
WA	41	2.57%
WV	15	0.94%
WI	46	2.88%
WY	3	0.19%
Other/International	15	0.94%
(Did not answer)	0	0%
Total Responses	1597	

23. Please indicate your Job Level category:		
Responses	Count	%
Executive / President / Vice President	8	0.50%
Director (HIM, etc.)/Officer (compliance)	199	12.46%
Educator	32	2.00%
Manager / Supervisor	256	16.03%
Consultant	101	6.32%
Clinician (MD, RN etc.)	8	0.50%
Technology Role (e.g. systems analyst, product analyst/specialist)	65	4.07%
HIM Technician Role (e.g. coder, transcriptionist, CDI specialist, claims/financial analyst)	844	52.85%
Clerical / Administrative support	49	3.07%
Not currently working	35	2.19%
(Did not answer)	0	0%
Total Responses	1597	

24. What is the HIGHEST level of education you have completed to date?		
Responses	Count	%
High School Diploma	64	4.01%
Coding Certificate Program	62	3.88%
Associate's Degree	1179	73.83%
Baccalaureate Degree	249	15.59%
Master's Degree	41	2.57%
PhD or MD	2	0.13%
(Did not answer)	0	0%
Total Responses	1597	

25. What is your gender?		
Responses	Count	%
Male	52	3.26%
Female	1545	96.74%
(Did not answer)	0	0%
Total Responses	1597	

Appendix D. Test Specifications Meeting Agenda



JOB ANALYSIS STUDY: Registered Health Information Technician Examination Specifications Meeting January 7, 2010 Agenda

10:00 a.m.	Welcome and introductions
10:15 a.m.	Overview of agenda
10:30 a.m.	Background information Survey respondents Survey findings
11:00 a.m.	Review of criticality ratings per domain Cull any unsupported tasks
11:30 a.m.	Possible configurations for Examination Specifications
noon	Review domain statistics, write-in summaries
12:30 p.m.	Draft percentages for Examination Specifications
1:00 p.m.	Adjourn

Appendix E. Mean Differences and Effect Sizes of Differences in Response Ratings Between Those Certified Before 2005 and Those Certified After 2005

	Mean Difference in Importance Rating	Effect Size of Difference in Importance Rating	Mean Difference in Frequency Rating	Effect Size of Difference in Frequency Rating
Data Analysis and Management				
Abstract information found in health records (i.e., coding, research, physician deficiencies, etc.)	0.170	0.131	0.194	0.137
Analyze data (i.e., productivity reports, quality measures, health record documentation, case mix index)	0.081	0.051	0.154	0.090
Identify anomalies in data	0.057	0.043	0.038	0.026
Maintain filing and retrieval systems for health records	0.043	0.032	0.016	0.011
Resolve risks and/or anomalies of data findings	0.013	0.010	0.043	0.027
Maintain the master patient index (i.e., enterprise systems, merge/unmerge medical record numbers, etc.)	0.003	0.002	0.030	0.019
Eliminate duplicate documentation	0.213	0.155	0.243	0.148
Organize data into a useable format	0.132	0.097	0.132	0.083
Review trends in data	0.151	0.120	0.191	0.133
Gather/compile data from multiple sources	0.178	0.142	0.013	0.010
Generate reports or spreadsheets (i.e., customize, create, etc.)	0.156	0.100	0.129	0.068
Present data findings (i.e., study results, delinquencies, conclusion/summaries, gap analysis, graphical)	0.159	0.114	0.261	0.167
Design workload distribution	0.111	0.080	0.210	0.131
Implement workload distribution	0.054	0.033	0.019	0.010
Participate in the data management plan (i.e., determine data elements, assemble components, set time-frame)	0.073	0.046	0.005	0.003
Input and/or submit data to registries	0.100	0.064	0.032	0.017
Summarize findings from data research/analysis	0.030	0.029	0.011	0.009
Follow data archive and backup policies	0.043	0.026	0.086	0.042
Calculate healthcare statistics (i.e., occupancy rates, length of stay, delinquency rates, etc)	0.067	0.044	0.022	0.012
Develop data management plan	0.022	0.014	0.019	0.010
Determine validation process for data mapping	0.146	0.100	0.016	0.009
Maintain data dictionaries	0.148	0.101	0.016	0.009
Compliance				
Ensure patient record documentation meets state and federal regulations	0.040	0.035	0.062	0.041
Ensure compliance with privacy and security guidelines (HIPAA, state, hospital, etc.)	0.092	0.087	0.097	0.071
Control access to health information	0.073	0.062	0.035	0.021
Monitor documentation for completeness	0.008	0.008	0.027	0.021
Develop a coding compliance plan (i.e., current coding guidelines)	0.019	0.011	0.181	0.085
Manage release of information	0.032	0.020	0.119	0.060

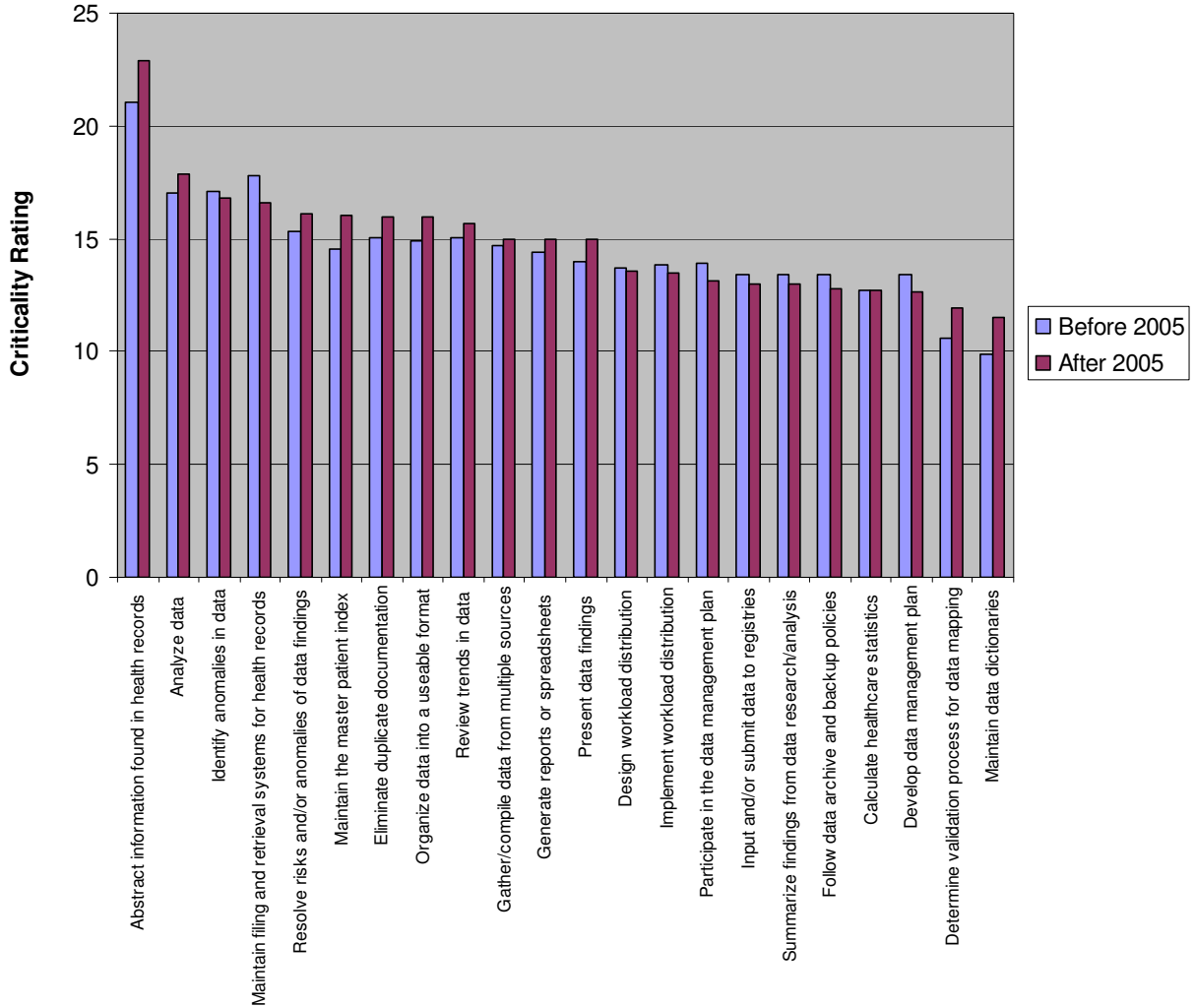
	Mean Difference in Importance Rating	Effect Size of Difference in Importance Rating	Mean Difference in Frequency Rating	Effect Size of Difference in Frequency Rating
Perform continual updates to policies and procedures	0.011	0.006	0.156	0.073
Implement internal and external audit guidelines	0.022	0.013	0.035	0.017
Evaluate medical necessity (CDMP – clinical documentation management program)	0.054	0.033	0.051	0.026
Collaborate with staff to prepare the organization for accreditation, licensing, and/or certification surveys	0.100	0.061	0.027	0.014
Evaluate medical necessity (Outpatient services)	0.121	0.079	0.121	0.060
Evaluate medical necessity (Data management)	0.089	0.090	0.116	0.080
Responding to fraud and abuse	0.073	0.049	0.100	0.057
Evaluate medical necessity (ISSI - utilization review)	0.111	0.058	0.084	0.038
Develop forms (i.e., chart review, documentation, EMR, etc.)	0.116	0.076	0.129	0.074
Evaluate medical necessity (Case management)	0.140	0.091	0.030	0.014
Analyze access audit trails	0.143	0.112	0.113	0.071
Ensure valid healthcare provider credentials	0.143	0.090	0.081	0.045
Coding				
Apply all official current coding guidelines	0.030	0.021	0.075	0.040
Assign diagnostic and procedure codes based on health record documentation	0.038	0.040	0.049	0.037
Ensure physician documentation supports coding	0.100	0.073	0.070	0.039
Validate code assignment	0.084	0.077	0.113	0.086
Abstract data from health record	0.046	0.046	0.102	0.075
Sequence codes	0.057	0.061	0.108	0.079
Query physician when additional clinical documentation is needed	0.035	0.032	0.119	0.079
Review and resolve coding edits (i.e., correct coding initiative, outpatient code editor, National Coverage Determination, Local Coverage Determination, etc.)	0.199	0.146	0.065	0.036
Review the accuracy of abstracted data	0.003	0.002	0.022	0.015
Assign POA (present on admission) indicators	0.005	0.005	0.027	0.017
Provide educational updates to coders	0.005	0.006	0.046	0.034
Validate grouper assignment (i.e., MS-DRG, APC, etc.)	0.003	0.002	0.005	0.003
Identify HAC (hospital acquired condition)	0.013	0.009	0.024	0.012
Develop and manage a query process	0.065	0.045	0.040	0.023
Create standards for coding productivity and quality	0.081	0.060	0.164	0.093
Develop educational guidelines for provider documentation	0.059	0.036	0.084	0.040
Perform concurrent audits	0.094	0.060	0.070	0.034
Information Technology				
Train users on software	0.030	0.017	0.049	0.025
Maintain database	0.092	0.055	0.040	0.020
Set up secure access	0.065	0.038	0.024	0.013
Evaluate the functionality of applications	0.116	0.064	0.051	0.026
Create user accounts	0.013	0.007	0.022	0.010
Troubleshoot HIM software or support systems	0.105	0.057	0.070	0.033
Create database	0.119	0.067	0.049	0.023

	Mean Difference in Importance Rating	Effect Size of Difference in Importance Rating	Mean Difference in Frequency Rating	Effect Size of Difference in Frequency Rating
Perform end user audits	0.062	0.031	0.065	0.030
Participate in vendor selection	0.084	0.047	0.135	0.068
Perform end user needs analysis	0.167	0.098	0.224	0.121
Design data archive and backup policies	0.137	0.082	0.148	0.081
Perform system maintenance of software and systems	0.170	0.102	0.143	0.076
Create data dictionaries	0.181	0.113	0.162	0.089
Quality				
Audit health records for content, completeness, accuracy, and timeliness	0.078	0.061	0.086	0.050
Apply standards, guidelines, and/or regulations to health records	0.191	0.142	0.135	0.074
Implement corrective actions as determined by audit findings (internal and external)	0.135	0.092	0.146	0.081
Design efficient workflow processes	0.218	0.153	0.216	0.125
Comply with national patient safety goals	0.224	0.162	0.237	0.133
Analyze standards, guidelines, and/or regulations to build criteria for audits	0.000	0.000	0.000	0.000
Apply process improvement techniques	0.054	0.038	0.081	0.045
Provide consultation to internal and external users of health information on HIM subject matter	0.035	0.019	0.008	0.004
Develop reports on audit findings	0.186	0.106	0.148	0.071
Perform data collection for quality reporting (core measures, PQRI, medical necessity, etc.)	0.062	0.040	0.065	0.032
Use trended data to participate in performance improvement plans/initiatives	0.178	0.128	0.135	0.078
Develop a tool for collecting statistically valid data	0.043	0.027	0.038	0.020
Conduct clinical pertinence reviews	0.256	0.176	0.186	0.107
Monitor physician credentials to practice in the facility	0.151	0.104	0.140	0.080
Revenue Cycle				
Communicate with providers to discuss documentation deficiencies (i.e., queries)	0.073	0.037	0.027	0.012
Participate in clinical documentation improvement programs to ensure proper documentation of health records	0.005	0.003	0.000	0.000
Collaborate with other departments on monitoring accounts receivable (i.e., unbilled, uncoded)	0.049	0.026	0.067	0.031
Provide ongoing education to healthcare providers (i.e., regulatory changes, new guidelines, payment standards, best practices, etc.)	0.057	0.033	0.013	0.007
Identify fraud and abuse	0.105	0.064	0.054	0.027
Assist with appeal letters in response to claim denials	0.105	0.079	0.022	0.012
Monitor claim denials/over-payments to identify potential revenue impact	0.059	0.043	0.065	0.037
Prioritize the work according to accounts receivable, patient type, etc.	0.054	0.035	0.035	0.018
Distribute the work according to accounts receivable, patient type, etc.	0.140	0.072	0.043	0.021
Maintain the chargemaster	0.162	0.091	0.210	0.097

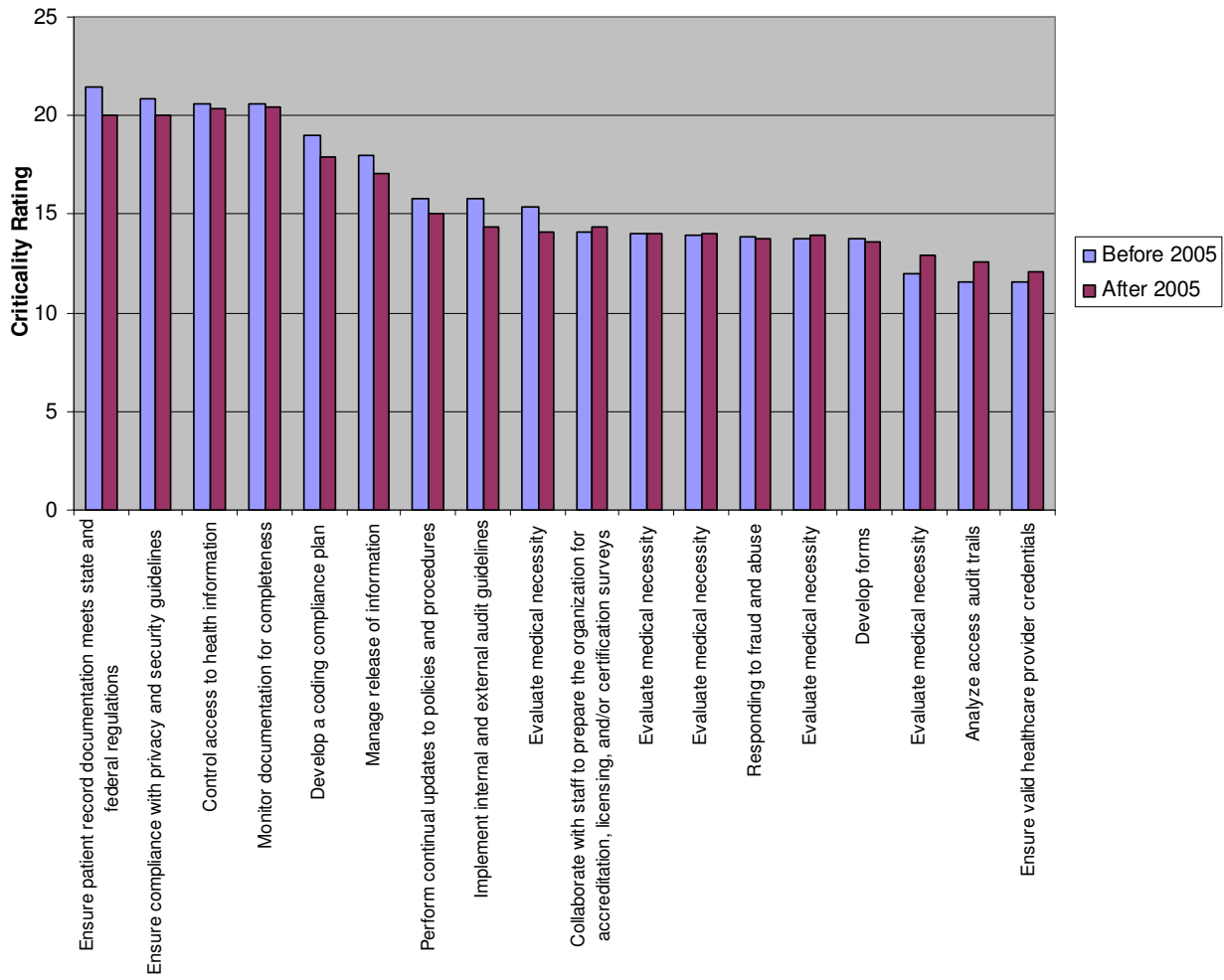
	Mean Difference in Importance Rating	Effect Size of Difference in Importance Rating	Mean Difference in Frequency Rating	Effect Size of Difference in Frequency Rating
Ensure physicians are credentialed with different payers for reimbursement	0.140	0.079	0.135	0.063
Perform insurance verification	0.011	0.005	0.003	0.001
Verify coordination of benefits	0.097	0.044	0.032	0.014
Perform insurance precertification	0.070	0.042	0.121	0.058
Legal				
Ensure confidentiality of the health records (paper and electronic)	0.159	0.099	0.226	0.107
Adhere to disclosure standards and regulations (HIPAA privacy, HITECH Act, breach notifications, etc.) at both state and federal levels	0.075	0.067	0.011	0.007
Demonstrate and promote legal and ethical standards of practice	0.208	0.139	0.178	0.090
Maintain integrity of legal health record according to organizational bylaws, rules, and regulations	0.243	0.158	0.113	0.058
Follow state mandated and/or organizational record retention and destruction policies	0.167	0.106	0.129	0.069
Serve as the custodian of the health records (paper or electronic)	0.232	0.149	0.218	0.108
Respond to Release of Information (ROI) requests from internal and external requestors	0.059	0.065	0.038	0.029
Work with risk management department to provide requested documentation	0.218	0.127	0.143	0.066
Identify potential health record related risk management issues through auditing	0.210	0.118	0.135	0.065
Respond to and process patient amendment requests to the health record	0.084	0.061	0.089	0.049
Facilitate basic education regarding the use of consents, healthcare Power of Attorney, Advanced Directives, DNRs, etc.	0.251	0.150	0.197	0.090
Represent the facility in court related matters as it applies to the health record (subpoenas, depositions, court orders, warrants)	0.070	0.053	0.081	0.046

Appendix F. Graphs Demonstrating the Differences in Criticality Ratings Between Those Certified Before 2005 and Those Certified After 2005

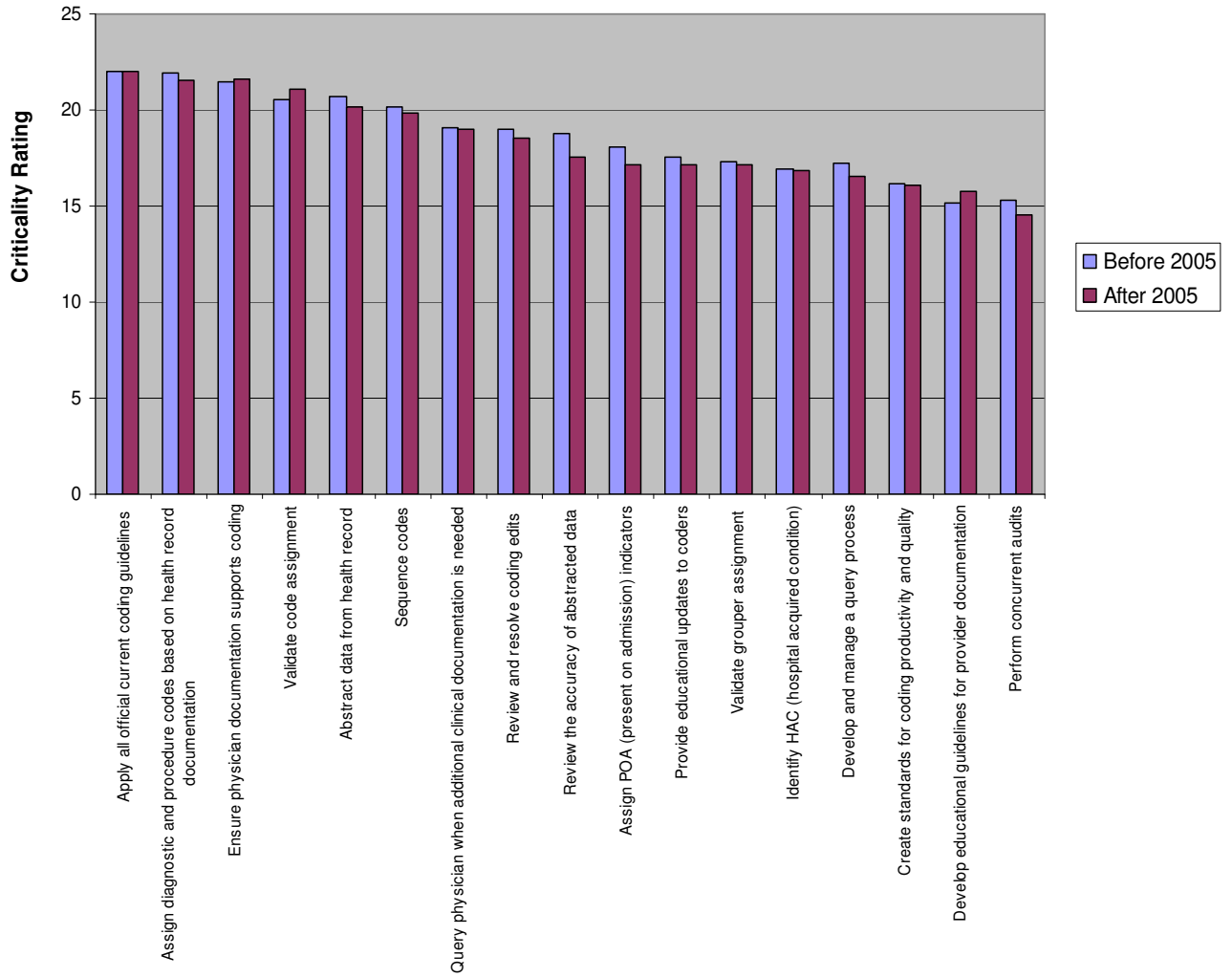
Data Analysis and Management



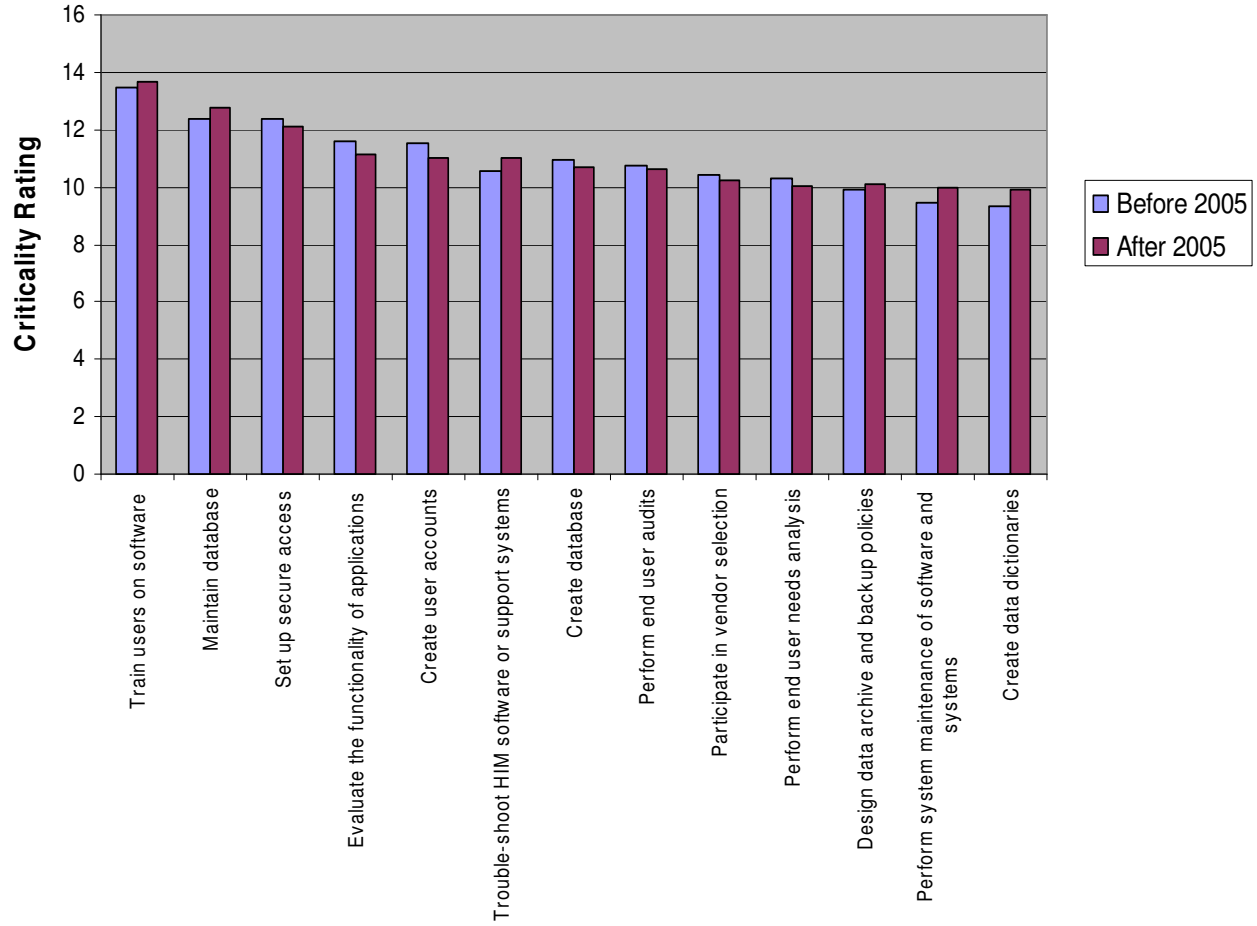
Compliance



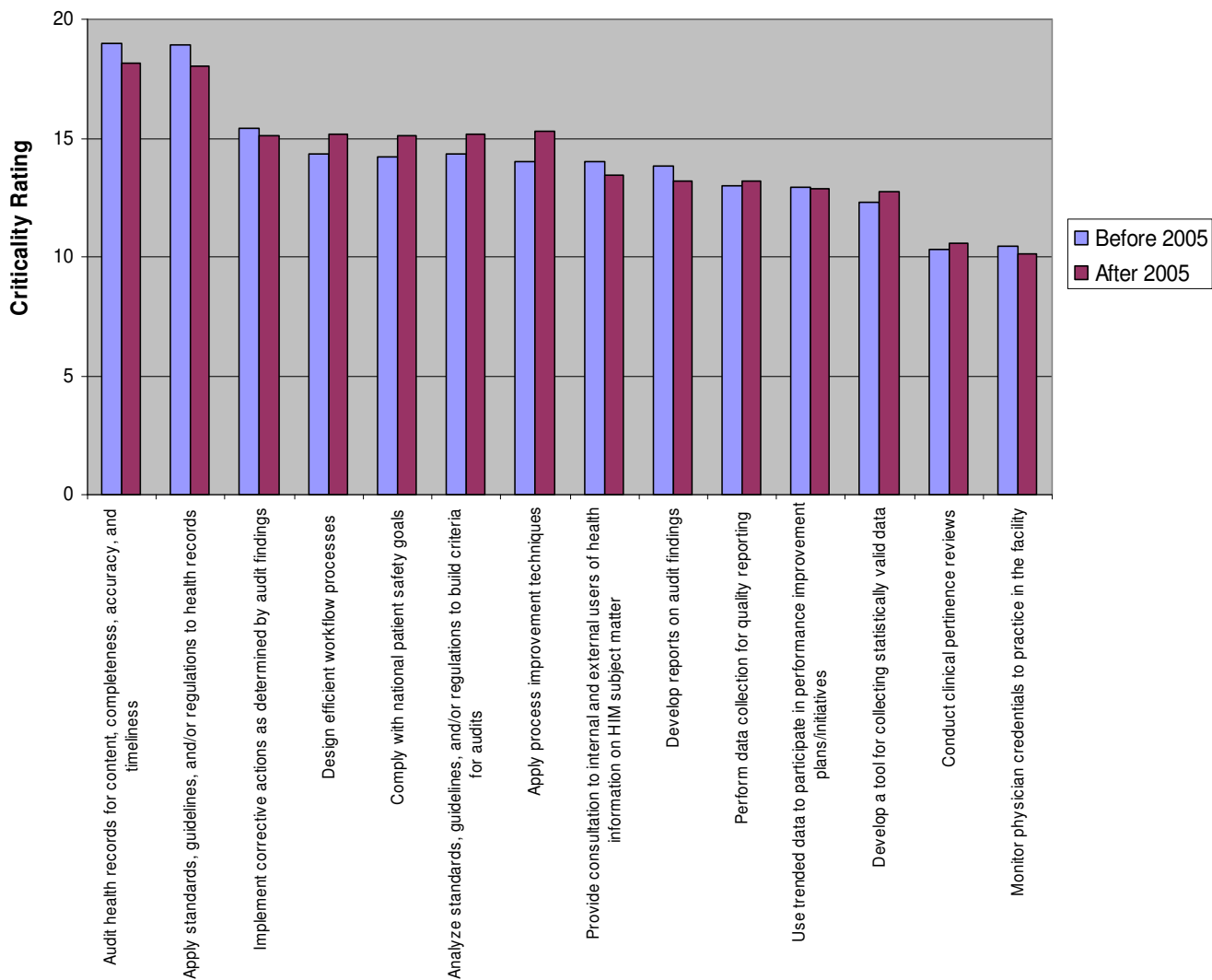
Coding



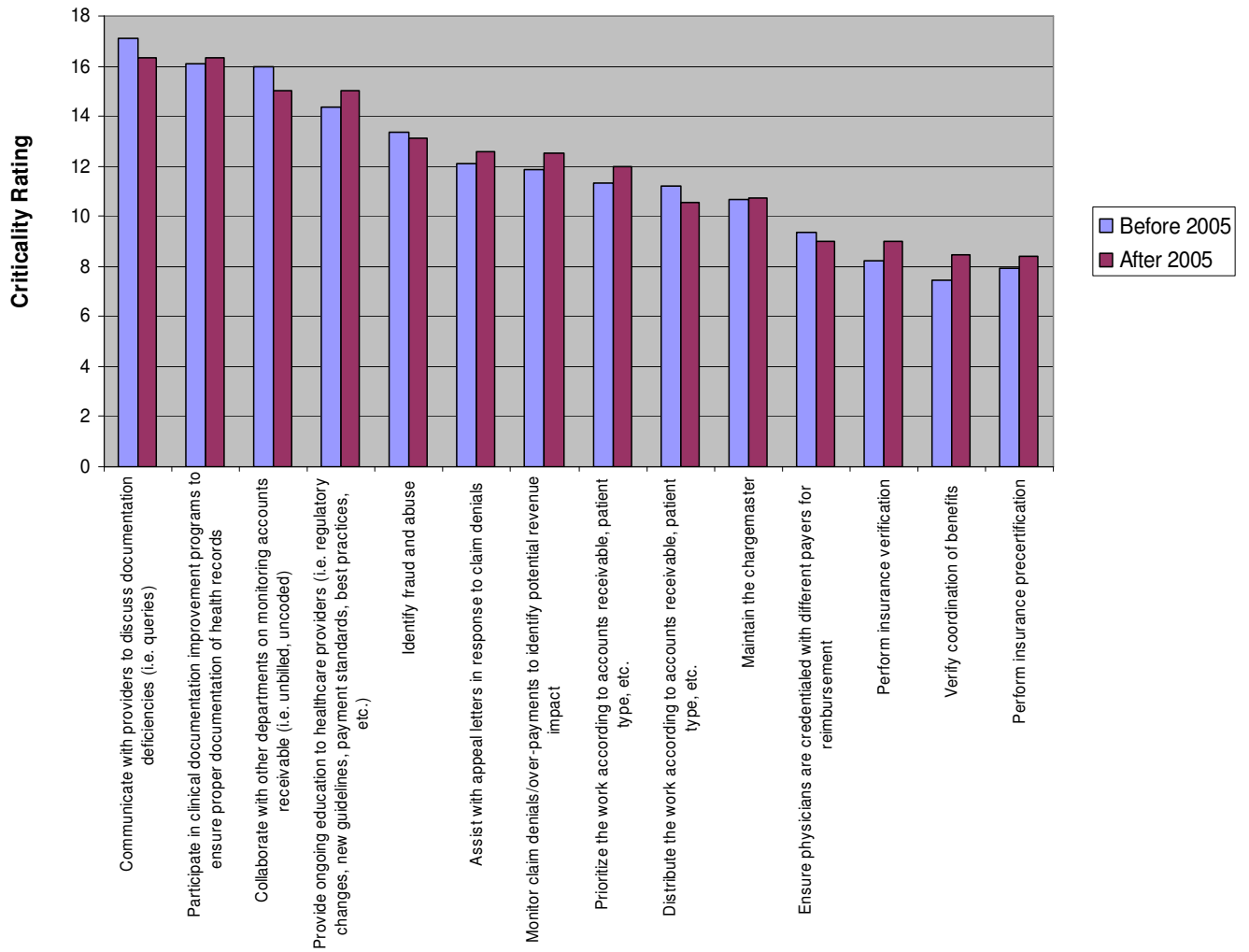
Information Technology



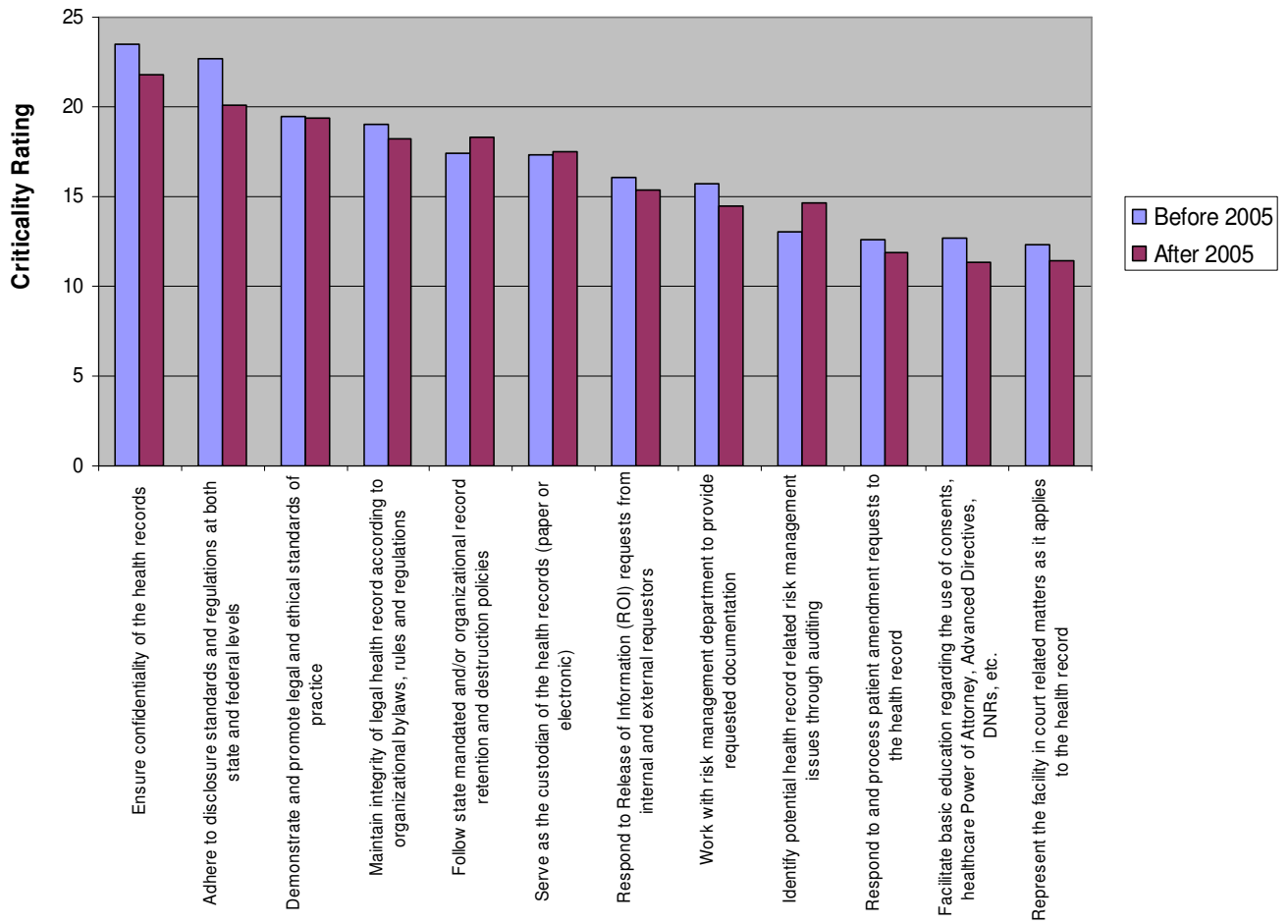
Quality



Revenue Cycle



Legal



7.0 JULY 2011 ADDENDUM

In July 2011, two major changes were made to the test blueprint. The first change included the addition of knowledge domains mapped to each task within the test blueprint. Mapping the knowledge domains to the test blueprint demonstrates a clear link between each task and the knowledge needed to perform the task. Additionally, this change aids in the item writing and test development process. The second change includes specifying the cognitive level ranges. Cognitive level ranges categorize the type of learning associated with each item. For the purposes of the RHIT exam, three cognitive levels were specified: Recall/understanding, Application, and Higher thinking.

These changes were made during an expert panel meeting. The panelists were first asked to review both the current test blueprint and the knowledge domains. Next, the panelists delineated the associated knowledge domains for each task. The group had to agree on the knowledge domains for each task. If they disagreed about a particular knowledge domain, then they would offer their arguments for their case until consensus was reached. The updated test blueprint with the mapped knowledge domains can be found in the table below and can be compared with Table 18.

The panelists were also asked to consider the cognitive level ranges for the exam. The purpose of specifying cognitive levels is so that a range of items can be written that assesses different learning levels, and as a result, a range of learning is assessed and measured. The panelists agreed that the cognitive levels should apply to the entire exam, and not just the individual domains. The reasoning for this is twofold. First, test development and form construction would be easier and more practical if the percentages of cognitive levels are specified for the exam, rather than the domain. Second, the cognitive levels of learning for each domain may change over time, and to specify cognitive levels for each domain will lead to less flexibility in the test development process. Finally, the panelists agreed on cognitive levels for the exam based on past exam history and best practices. The cognitive levels for this exam are as follows: 40% Recall/Understanding, 35% Application, and 25% Higher Thinking. These percentages are in-line with industry standards and best practices.

New Updated Test Specifications

	Task Statement (numeric)
	Knowledge Domain (alpha)
Domain	Tasks
I. Data Analysis and Management (20%)	
1	Abstract information found in health records (i.e., coding, research, physician deficiencies, etc.)
	A. Abstracting
	B. Medicine
	C. Research
	D. Analytical skills
	E. Accrediting organization
	F. Official coding guidelines
	G. Health record data structure, content, and standards
2	Analyze data (i.e., productivity reports, quality measures, health record documentation, case mix index,
	A. Medicine
	B. Research
	C. Accrediting organization
	D. Analytical skills

	Task Statement (numeric)
	Knowledge Domain (alpha)
Domain	Tasks
	E. Health record data structure, content, and standards
	F. Official coding guidelines
	G. Revenue Cycle
3	Maintain filing and retrieval systems for health records
	A. Filing
	B. Health record data structure
4	Identify anomalies in data
	A. Application of research methods
	B. Analytical skills
	C. Health record data structure, content, and standards
5	Resolve risks and/or anomalies of data findings
	A. Analytical skills
	B. Health record data structure, content, and standards
	C. Application of research methods
	D. Quality indicators
6	Maintain the master patient index (i.e., enterprise systems, merge/unmerge medical record numbers, etc.)
	A. Health record data structure, content, and standards
	B. Health information filing systems
	C. Healthcare/health information management computer applications and support systems
7	Organize data into a useable format
	A. Health record data structure, content, and standards
	B. Health information filing systems
	C. Healthcare/health information management computer applications and support systems
8	Eliminate duplicate documentation
	A. Health record data structure, content, and standards
	B. Transcription
	C. Forms/Screen design, revision, implementation
	D. Application of research methods
9	Review trends in data
	A. Analytical skills
	B. Health record data structure, content, and standards
	C. Healthcare/Vital Statistics
	D. Claims processing
	E. Federal regulation
	F. Third-party payers
	G. Medical necessity
10	Gather/compile data from multiple sources
	A. Abstracting
	B. Health record data structure, content, and standards
	C. Healthcare/health information management computer applications and support systems
	D. Application of research methods
11	Generate reports or spreadsheets (i.e., customize, create, etc.)

	Task Statement (numeric)
	Knowledge Domain (alpha)
Domain	Tasks
	A. Healthcare/health information management computer applications and support systems
	B. Forms/Screen design, revision, implementation
	C. Quality indicators
	D. Application of research methods
12	Present data findings (i.e., study results, delinquencies, conclusion/summaries, gap analysis, graphical)
	A. Healthcare/health information management computer applications and support systems
	B. Forms/Screen design, revision, implementation
	C. Quality indicators
	D. Application of research methods
13	Implement workload distribution
	A. Performance improvement methods
14	Design workload distribution
	A. Performance improvement methods
	B. Forms/Screen design, revision, implementation
15	Participate in the data management plan (i.e., determine data elements, assemble components, set time-frame)
	A. Performance improvement methods
	B. Quality indicators
	C. Health record data structure, content, and standards
	D. Application of research methods
16	Input and/or submit data to registries
	A. Abstracting
	B. Federal regulation
	C. Oversight organizations
	D. Healthcare/Vital statistics
17	Summarize findings from data research/analysis
	A. Application of research methods
	B. Healthcare/Vital statistics
	C. Analytical skills
18	Follow data archive and backup policies
	A. Ethical practices
	B. Health record data structure, content, and standards
	C. Federal regulation
	D. Oversight organizations
	E. Healthcare/health information management computer applications and support systems
19	Develop data management plan
	A. Federal regulation
	B. Official coding guidelines
	C. Oversight Organizations
	D. Vocabularies, terminologies, and classification systems
	E. Health record data structure, content, and standards
	F. Healthcare delivery systems

	Task Statement (numeric)
	Knowledge Domain (alpha)
Domain	Tasks
	G. Confidentiality guidelines
20	Calculate healthcare statistics (i.e., occupancy rates, length of stay, delinquency rates, etc)
	A. Healthcare/Vital statistics
	B. Healthcare/health information management computer applications and support systems
	C. Analytical skills
21	Determine validation process for data mapping
	A. Analytical skills
	B. Health record data structure, content, and standards
22	Maintain data dictionaries
	A. Vocabularies, terminologies, and classification systems
	B. Health record data structure, content, and standards
	C. Forms/Screen design, revision, implementation
II. Coding (18%)	
1	Apply all official current coding guidelines
	A. Official coding guidelines
2	Assign diagnostic and procedure codes based on health record documentation
	A. Encoder/Grouper software
	B. Vocabularies, terminologies, and classification systems
	C. Official coding guidelines
	D. Ethical practices
	E. Medical necessity
	F. Medicine
3	Ensure physician documentation supports coding
	A. Ethical practices
	B. Official coding guidelines
	C. Health record data structure, content, and standards
	D. Medicine
4	Validate code assignment
	A. Analytical skills
	B. Oversight organizations
	C. Medicine
5	Abstract data from health record
	A. Abstracting
	B. Health record data structure, content, and standards
	C. Medicine
6	Sequence codes
	A. Official coding guidelines
	B. Ethical practices
	C. Medicine
7	Query physician when additional clinical documentation is needed
	A. Medicine
	B. Health record data structure, content, and standards
	C. Accrediting organizations

	Task Statement (numeric)
	Knowledge Domain (alpha)
Domain	Tasks
	D. Ethical practices
	E. Federal Regulation
	F. Official coding guidelines
8	Review and resolve coding edits (i.e., correct coding initiative, outpatient code editor, National Coverage Determination, Local Coverage Determination, etc.)
	A. Medical necessity
	B. Official coding guidelines
	C. Encoder/Grouper software
9	Review the accuracy of abstracted data
	A. Analytical skills
	B. Quality indicators
10	Assign POA (present on admission) indicators
	A. Official coding guidelines
	B. Oversight organizations
11	Provide educational updates to coders
	A. Official coding guidelines
	B. Oversight organizations
	C. Performance improvement methods
	D. Third-party payers
	E. Medical necessity
12	Validate grouper assignment (i.e., MS-DRG, APC, etc.)
	A. Analytical skills
	B. Encoder/Grouper software
	C. Oversight Organizations
	D. Official coding guidelines
13	Identify HAC (hospital acquired condition)
	A. Analytical skills
	B. Medicine
14	Develop and manage a query process
	A. Healthcare/health information management computer applications and support systems
	B. Application of research methods
	C. Ethical practices
15	Create standards for coding productivity and quality
	A. Official coding guidelines
	B. Performance improvement methods
	C. Federal regulation
16	Develop educational guidelines for provider documentation
	A. Federal regulation
	B. Accrediting organizations
	C. Official coding guidelines
	D. Medical necessity
	E. Third-party payers
17	Perform concurrent audits
	A. Performance improvement methods

	Task Statement (numeric)
	Knowledge Domain (alpha)
Domain	Tasks
	B. Analytical skills
	C. Health record data structure, content, and standards
	D. Medicine
III. Compliance (16%)	
1	Ensure patient record documentation meets state and federal regulations
	A. Federal regulation
	B. Oversight organizations
	C. Accrediting organizations
	D. Confidentiality guidelines
2	Ensure compliance with privacy and security guidelines (HIPAA, state, hospital, etc.)
	A. Federal regulation
	B. Confidentiality guidelines
3	Control access to health information
	A. Healthcare/health information management computer applications and support systems
	B. Confidentiality guidelines
	C. Ethical practices
	D. Health record data structure, content, and standards
	E. Healthcare delivery systems
4	Monitor documentation for completeness
	A. Accrediting organizations
	B. Health record data structure, content, and standards
	C. Federal regulation
	D. Quality indicators
5	Develop a coding compliance plan (i.e., current coding guidelines)
	A. Official coding guidelines
	B. Ethical practices
	C. Oversight organizations
	D. Federal regulation
6	Manage release of information
	A. Confidentiality guidelines
	B. Legal aspects of the health record
	C. Federal Regulation
7	Perform continual updates to policies and procedures
	A. Health record data structure, content, and standards
	B. Official coding guidelines
	C. Federal regulation
	D. Oversight organizations
	E. Accrediting organizations
	F. Confidentiality guidelines
	G. Credentialing guidelines
8	Implement internal and external audit guidelines
	A. Federal regulation
	B. Oversight organizations
	C. Official coding guidelines

	Task Statement (numeric)
	Knowledge Domain (alpha)
Domain	Tasks
	D. Accrediting organizations
9	Evaluate medical necessity (CDMP – clinical documentation management program)
	A. Medical necessity
	B. Medicine
	C. Health record data structure, content, and standards
10	Collaborate with staff to prepare the organization for accreditation, licensing, and/or certification surveys
	A. Accrediting organizations
	B. Federal regulation
	C. Oversight organizations
	D. Quality indicators
11	Evaluate medical necessity (Outpatient services)
	A. Medical necessity
	B. Medicine
	C. Health record data structure, content, and standards
12	Evaluate medical necessity (Data management)
	A. Medical necessity
	B. Medicine
	C. Health record data structure, content, and standards
13	Responding to fraud and abuse
	A. Federal Regulation
14	Evaluate medical necessity (ISSI (utilization review))
	A. Utilization management
	B. Medical necessity
	C. Medicine
	D. Health record data structure, content, and standards
15	Develop forms (i.e., chart review, documentation, EMR, etc.)
	A. Forms/Screen design, revision, implementation
	B. Health record data structure, content, and standards
	C. Healthcare/health information management computer applications and support systems
16	Evaluate medical necessity (Case management)
	A. Case management
	B. Medical necessity
	C. Medicine
	D. Health record data structure, content, and standards
17	Analyze access audit trails
	A. Healthcare/health information management computer applications and support systems
	B. Analytical skills
18	Ensure valid healthcare provider credentials
	A. Credentialing guidelines
	B. Analytical skills
	C. Federal regulation

	Task Statement (numeric)
	Knowledge Domain (alpha)
Domain	Tasks
IV. Information Technology (12%)	
1	Train users on software
	A. Healthcare/health information management computer applications and support systems
	B. Encoder/Grouper software
	C. Third-party payers
2	Maintain database
	A. Health record data structure, content, and standards
	B. Healthcare/health information management computer applications and support systems
	C. Healthcare delivery systems
3	Set up secure access
	A. Healthcare/health information management computer applications and support systems
	B. Confidentiality guidelines
4	Evaluate the functionality of applications
	A. Healthcare/health information management computer applications and support systems
	B. Forms/Screen design, revision, implementation
	C. Transcription
	D. Encoder/Grouper software
	E. Health information filing systems
5	Create user accounts
	A. Confidentiality guidelines
	B. Healthcare/health information management computer applications and support systems
6	Trouble-shoot HIM software or support systems
	A. Analytical skills
	B. Healthcare/health information management computer applications and support systems
	C. Transcription
	D. Encoder/Grouper software
	E. Health information filing systems
7	Create database
	A. Health record data structure, content, and standards
	B. Healthcare/health information management computer applications and support systems
	C. Healthcare delivery systems
8	Perform end user audits
	A. Healthcare/health information management computer applications and support systems
	B. Analytical skills
9	Participate in vendor selection
	A. Healthcare/health information management computer applications and support systems
	B. Analytical skills
10	Perform end user needs analysis

	Task Statement (numeric)
	Knowledge Domain (alpha)
Domain	Tasks
	A. Healthcare/health information management computer applications and support systems
	B. Analytical skills
	C. Health record data structure, content, and standards
	D. Healthcare delivery systems
11	Design data archive and backup policies
	A. Health record data structure, content, and standards
	B. Confidentiality guidelines
	C. Federal regulation
	D. Healthcare/health information management computer applications and support systems
12	Perform system maintenance of software and systems
	A. Healthcare/health information management computer applications and support systems
	B. Evaluate the functionality of applications
	C. Encoder/Grouping software
	D. Health information filing systems
13	Create data dictionaries
	A. Health record data structure, content, and standards
	B. Vocabularies, terminologies, and classification systems
V. Quality (12%)	
1	Audit health records for content, completeness, accuracy, and timeliness
	A. Health record data structure, content, and standards
	B. Federal regulation
	C. Accrediting organizations
	D. Oversight organizations
	E. Performance improvement methods
2	Apply standards, guidelines, and/or regulations to health records
	A. Health record data structure, content, and standards
	B. Federal regulation
	C. Accrediting organizations
	D. Oversight organizations
	E. Quality indicators
3	Implement corrective actions as determined by audit findings (internal and external)
	A. Performance improvement methods
	B. Application of research methods
4	Design efficient workflow processes
	A. Performance improvement methods
5	Comply with national patient safety goals
	A. Accrediting organizations
	B. Federal regulation
	C. Quality indicators
6	Analyze standards, guidelines, and/or regulations to build criteria for audits
	A. Official coding guidelines
	B. Federal regulation

	Task Statement (numeric)
	Knowledge Domain (alpha)
Domain	Tasks
	C. Oversight organizations
	D. Accrediting organizations
	E. Oversight organizations
7	Apply process improvement techniques
	A. Performance improvement methods
	B. Analytical skills
8	Provide consultation to internal and external users of health information on HIM subject matter
	A. Official coding guidelines
	B. Federal Regulation
	C. Oversight organizations
	D. Accrediting organizations
	E. Oversight organizations
	F. Confidentiality guidelines
	G. Analytical skills
	H. Legal aspects of the health record
	I. Transcription
	J. Application of research methods
	K. Third-party payers
	L. Revenue cycle
	M. Claims processing
	N. Healthcare/Vital statistics
	O. Utilization management
9	Develop reports on audit findings
	A. Healthcare/health information management computer applications and support systems
	B. Analytical skills
	C. Health record data structure, content, and standards
10	Perform data collection for quality reporting (core measures, PQRI, medical necessity, etc.)
	A. Medical necessity
	B. Official coding guidelines
	C. Quality indicators
	D. Health record data structure, content, and standards
	E. Accrediting organizations
11	Use trended data to participate in performance improvement plans/initiatives
	A. Performance improvement methods
	B. Analytical skills
	C. Healthcare/health information management computer applications and support systems
	D. Case management
12	Develop a tool for collecting statistically valid data
	A. Healthcare/health information management computer applications and support systems
	B. Application of research methods
	C. Forms/Screen design, revision, implementation

	Task Statement (numeric)
	Knowledge Domain (alpha)
Domain	Tasks
13	Conduct clinical pertinence reviews
	A. Quality indicators
	B. Medical necessity
	C. Medicine
14	Monitor physician credentials to practice in the facility
	A. Credentialing guidelines
	B. Healthcare/Vital statistics
VI. Legal (11%)	
1	Ensure confidentiality of the health records (paper and electronic)
	A. Confidentiality guidelines
	B. Healthcare/health information management computer applications and support systems
	C. Legal aspects of the health record
	D. Federal regulation
	E. Health record data structure, content, and standards
2	Adhere to disclosure standards and regulations (HIPAA privacy, HITECH Act, breach notifications, etc.) at both state and federal levels
	A. Federal regulation
	B. Oversight organizations
	C. Vocabularies, terminologies, and classification systems
	D. Confidentiality guidelines
3	Demonstrate and promote legal and ethical standards of practice
	A. Legal aspects of the health record
	B. Risk management
	C. Ethical practices
	D. Performance improvement methods
4	Maintain integrity of legal health record according to organizational bylaws, rules and regulations
	A. Accrediting organizations
	B. Legal aspects of the health record
	C. Healthcare/health information management computer applications and support systems
	D. Federal regulation
5	Follow state mandated and/or organizational record retention and destruction policies
	A. Federal regulation
	B. Accrediting organizations
6	Serve as the custodian of the health records (paper or electronic)
	A. Healthcare/health information management computer applications and support systems
	B. Respond to Release of Information (ROI) requests from internal and external requestors
	C. Confidentiality guidelines
7	Respond to Release of Information (ROI) requests from internal and external requestors
	A. Confidentiality guidelines
	B. Ethical practices
	C. Adhere to disclosure standards and regulations (HIPAA privacy, HITECH Act,

	Task Statement (numeric)
	Knowledge Domain (alpha)
Domain	Tasks
	breach notifications, etc.) at both state and federal levels
8	Work with risk management department to provide requested documentation
	A. Risk management
9	Identify potential health record related risk management issues through auditing
	A. Risk management
	B. Analytical skills
	C. Application of research methods
10	Respond to and process patient amendment requests to the health record
	A. Legal aspects of the health record
11	Facilitate basic education regarding the use of consents, healthcare Power of Attorney, Advanced Directives, DNRs, etc.
	A. Legal aspects of the health record
12	Represent the facility in court related matters as it applies to the health record (subpoenas, depositions, court orders, warrants)
	A. Legal aspects of the health record
VII. Revenue Cycle (11%)	
1	Communicate with providers to discuss documentation deficiencies (i.e., queries)
	A. Reimbursement methodologies
	B. Medicine
	C. Official coding guidelines
2	Participate in clinical documentation improvement programs to ensure proper documentation of health records
	A. Medicine
	B. Health record data structure, content, and standards
3	Collaborate with other departments on monitoring accounts receivable (i.e., unbilled, uncoded)
	A. Revenue cycle
4	Provide ongoing education to healthcare providers (i.e., regulatory changes, new guidelines, payment standards, best practices, etc.)
	A. Reimbursement methodologies
	B. Third-party payers
	C. Performance improvement methods
5	Identify fraud and abuse
	A. Ethical practices
	B. Federal regulation
	C. Analytical skills
6	Assist with appeal letters in response to claim denials
	A. Claims processing
	B. Abstracting
7	Monitor claim denials/over-payments to identify potential revenue impact
	A. Claims processing
8	Prioritize the work according to accounts receivable, patient type, etc.
	A. Revenue cycle
9	Distribute the work according to accounts receivable, patient type, etc.

	Task Statement (numeric)
	Knowledge Domain (alpha)
Domain	Tasks
	A. Revenue cycle
10	Maintain the chargemaster
	A. Reimbursement methodologies
	B. Vocabularies, terminologies, and classification systems
11	Ensure physicians are credentialed with different payers for reimbursement
	A. Credentialing guidelines
	B. Third-party payers