Registered Health Information Technician (RHIT) Exam

Number of Questions on Exam:

- **150 multiple-choice questions (130 scored/20 pretest)**

Exam Time: 3.5 hours – no breaks

Domain 1 – Data Analysis and Management (18-22%)

Tasks:

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
6. Maintain the master patient index (i.e., enterprise systems, merge/unmerge medical record numbers, etc.)
7. Eliminate duplicate documentation
8. 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

Domain 2 – Coding (16-20%)

Tasks:

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, NCD, LCD, 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

Domain 3 – Compliance (14-18%)

Tasks:

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
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

Domain 4 – Information Technology (10-14%)

Tasks:

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

Domain 5 – Quality (10-14%)

Tasks:

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

Domain 6 – Legal (9-13%)

Tasks:

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
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)

Domain 7 – Revenue Cycle (9-13%)

Tasks:

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