

## **Registered Health Information Technician (RHIT) Exam**

### **Number of Questions on Exam:**

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

**Exam Time: 3.5 hours – no breaks**

### **Domain 1 – Data Content, Structure, and Information Governance (24-28%)**

#### **Tasks:**

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

### **Domain 2 – Access, Disclosure, Privacy, and Security (12-16%)**

#### **Tasks:**

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

### **Domain 3 – Data Analytics and Use (14-18%)**

#### **Tasks:**

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

### **Domain 4 – Revenue Cycle Management (14-18%)**

#### **Tasks:**

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

### **Domain 5 – Compliance (13-17%)**

#### **Tasks:**

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

**Domain 6 – Leadership (11-15%)**

**Tasks:**

1. Provide education regarding HIM laws and regulations
2. Review HIM processes
3. Create or modify HIM policies
4. Create or modify HIM procedures
5. Establish standards for HIM functions (e.g. chart completion, coding accuracy, ROI, turnaround time, departmental workflow)
6. Collaborate with other departments for HIM interoperability
7. Provide HIM technical expertise