



Certified Coding Associate (CCA) Job Analysis Report

Commission on Certification for Health Informatics and Information Management  
(CCHIIM)

November 2010

## **INTRODUCTION**

### **About AHIMA**

AHIMA is the premier association of health information management (HIM) professionals. AHIMA's more than 100,000 members are dedicated to the effective management of personal health information required to deliver quality healthcare to the public. Founded in 1928 to improve the quality of medical records, AHIMA is committed to advancing the HIM profession in an increasingly electronic and global environment through leadership in advocacy, education, certification, and lifelong learning.

### **About the Job/Task Analysis**

The job/task analysis development process focused on identifying performance domains, tasks, and knowledge statements that are critical to effective professional performance. This document describes the processes and data which were used to develop the job/task analysis, including:

- Complying with established standards for job/task analysis;
- Working with subject matter experts to define relevant domains and task knowledge statements;
- Defining the process by which a survey of field practitioners was developed;
- Analyzing the data from both subject-matter experts and survey respondents; and
- Drawing conclusions about the results achieved by the job/task analysis process.

### **Compliance with Standards**

Ensuring that a job/task analysis follows established professional standards and is legally defensible is a core component of the development process. The Joint Standards for Educational and Psychological Testing (1999) published by the American Educational Research Association (AERA) and the American Psychological Association (APA), define standard criteria for valid analysis of content for test materials. These criteria are widely accepted as professional standard.

The NCCA Standards specifically state that a Job/Task Analysis "must be conducted to clearly delineate performance domains and tasks; associated knowledge and/or skills, and sets of content/item specifications to be used as the basis for developing each type of assessment instrument." In addition, "a report must be published linking the job/practice analysis to specifications for the assessment instruments." The Joint Standards similarly state "the test specifications should be documented with their rationale, and the process by which they were developed." The Joint Standards also state that in credentialing tests, role delineation studies "usually provide the basis for defining the test specifications."

Establishing the content validity of a test approach is one of the purposes of a Job/task Analysis, and following professional standards helps guarantee content validity by considering the importance, frequency, and criticality of its various aspects. This validation ensures that test materials address the aspects of professional endeavor they are intended to measure.

The development of a valid examination requires that consideration be given to the duties and abilities required to establish a defensible standard of competence in a profession. The inclusion of subject-matter experts in the development process is important in ensuring that key knowledge and skills required in a profession are addressed. The Job/Task Analysis ensures that a test proves uses valid content thoroughly addresses key aspects of a profession as identified by expert practitioners.

## PROCESS

### **Introduction**

The process of developing a thorough Job/Task analysis required several stages of effort, centering on a panel of subject-matter experts meeting to consider various aspects of professional competence and to create a survey reflecting these aspects.

The initial stages of development involved convening a panel of subject-matter experts to define the domains, tasks, and knowledge statements in which competence would be required by a certified professional in the field. Once these aspects were defined, the panel rated each aspect with regard to its importance, criticality and frequency. A survey was developed from this information and distributed to a group of practitioners in the field to gain further data. The results of the survey were analyzed and considered along with the subject-matter experts' data in order to develop this Job/Task Analysis.

This section of the Job/Task Analysis will examine each of the development stages in further detail.

### **Development Stages**

1. Planning Meeting(s)
2. JTA Panel Meeting
3. Development of Validation Survey
4. Survey Distribution
5. Survey Results Analysis

#### **1. Planning meeting**

Meeting date: April, 1 2010  
Meeting location: AHIMA Offices, Chicago, IL  
Participants: AHIMA - Mike Niederpruem, Jo Santos, Heather Rich  
Pearson VUE – Harini Soni; Brad Wu

Tasks: During this meeting, the participants discussed the objectives of the job/task analysis review process, developed a timeline for completion of the project, and considered methods for selecting JTA panelists and the activities which would be conducted during the panel meeting.

#### **2. JTA Panel meeting**

Meeting date: May 20-21, 2010  
Meeting location: Chicago, IL  
AHIMA Staff: Jo Santos, Heather Rich

Other staff: Harini Soni-Pearson VUE  
Participants: Deb Boppre  
Barb Bunge  
Lisa Campbell  
Christine Dundas  
Bleu Garcia  
Anne Kenney  
Tammy McKiddy  
Lori Richards  
Christina Richardson  
Elisabeth Schellert  
Julie Swim  
Dianna Voegele

Tasks: During the survey development process, subject-matter experts were asked to come to a consensus in defining the audience for the credential and to determine the duties and requirements of a competent professional in the field.

### Target Audience Determination:

The panelists determined the test audience by considering a number of factors related to professional competence. The target audience was defined as follows:

Potential participants for the survey are generally defined as those individuals, within one or more of the following list of primary or secondary samples, fulfilling these population elements: 1) Who (direct or indirect), 2) doing what (scope), 3) where (setting or industry; either within or outside of a health-related industry), and 4) to what extent (full-time or part-time). Specifications are listed in Appendix B.

### Domain Determination:

The panel considered the major content areas related to the profession to determine the performance domains that would be considered as part of the survey. It was decided that the following domains would be addressed by the survey:

1. Classification Systems
2. Reimbursement Methodologies
3. Health Records and Data Content
4. Compliance Domain
5. Information Technology

## Tasks, Knowledge, and Skill Statement Determination:

The panel continued to develop the survey by defining key task, knowledge, and skill statements related to each of the above domains. These statements were reviewed to verify that all critical aspects of the competent execution of professional duties would be represented. The list of domains and tasks were validated by the panelists in terms of importance, criticality, and frequency of competent practice within the profession. The full list of domains, tasks, and knowledge and skill statements is in Appendix A.

### 3. Development of Validation Survey

Final Version of Survey:

Section 1: Demographics

Section 2: Domain 1 – Classification Systems

Section 3: Domain 2 – Reimbursement Methodologies

Section 4: Domain 3 – Health Records and Data Content

Section 5: Domain 4 – Compliance Domain

Section 6: Domain 5 – Information Technology

Section 7: Domain ratings

#### Section 1: Demographics

In this section, respondents were asked to respond to statements

according to the following response choices:

*Statement:*

In what year were you awarded the CCA credential?

*Response Choices:*

- 2002
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008
- 2009
- 2010

*Statement:*

What other AHIMA credentials do you currently hold (Choose all that apply)?

*Response Choices:*

- CCS
- CCS-P
- CHP
- CHPS
- RHIA
- RHIT
- CHDA
- None

*Statement:*

Do you plan on taking any of the following AHIMA certification examinations (Choose all that apply)?

*Response Choices:*

- CCS
- CCS-P
- CHP
- CHPS
- RHIA
- RHIT
- CHDA
- None

*Statement:*

What is your primary work setting?

*Response Choices:*

- Billing agency
- Consultant/vendor HIM services

*Demographics section continued on next page*

*Demographics section continued*

- Correspondence company

- Educational institution
- Freestanding ambulatory-surgery center
- Government/public health agency
- Home health care agency
- Hospice
- Hospital
- Insurance company
- Jail/corrections facility
- Law firm
- Long-term care facility
- Managed care HMO/PPO office
- Medical group practice/physician's office
- Mental health facility
- Multihospital/diversified system
- Other ambulatory care facility
- Pharma/medical device biotech manufacturer
- Professional or trade association
- Rehabilitation facility
- Transcription company
- Vendor HIM products
- Other (please specify)

*Statement:*

Please describe the nature of your coding position (Choose all that apply)

- Full-time
- Part-time
- Currently employed
- Retired
- Self-employed
- I work from home
- I am NOT currently employed in a coding position
- Other (please specify)

*Statement:*

Approximately how long did you code PRIOR to obtaining your CCA credential?

*Response Choices:*

- Less than 1 month
- 1 to 3 months
- 3 to 6 months
- 6 months to 1 year
- 1 to 2 years
- 2 to 3 years
- 3 to 4 years

*Demographics section continued on next page*

*Demographics section continued*

- 4 to years



- More than 5 years

*Statement:*

How many years of coding experience do you have?

*Response Choices:*

- Less than 1 year
- 1 to 2 years
- 2 to 4 years
- 4 to 6 years
- 6 to 8 years
- More than 8 years

*Statement:*

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

*Response Choices:*

- [List of states in the United States of America]
- Other/International

*Statement:*

Please indicate what CITY you practice in the most

*Response Choices:*

- Open ended answer

*Statement:*

Please indicate your Job Level category

*Response Choices:*

- Executive/President/Vice President
- Director (HIM, etc.)/Officer (compliance)
- Educator
- Manager/Supervisor
- Consultant
- Clinician (MD, RN, etc.)
- Technology Role (e.g. systems analyst, product analyst/specialist)
- HIM Technician Role (e.g. coder, transcriptionist, CDI specialist, claims/financial analyst)
- Clerical/Administrative support
- Not currently working

*Demographics section continued on next page*

*Demographics section continued*

*Statement:*

What is the HIGHEST level of education you have completed to date?

*Response Choices:*

- High School Diploma
- Coding Certificate Program
- Associate's Degree
- Baccalaureate Degree
- Master's Degree
- Ph.D. or MD

*Statement:*

Have you completed an AHIMA approved coding certificate program?

*Response Choices:*

- Yes
- No
- Unsure

## **Survey Response Statistics**

Survey Invitations: 3,625  
Completed Surveys: 814  
Response Rate: 22.46%

## **Demographic Data for Survey Respondents**

**Purpose:** Data on several key demographic variables were collected during the survey process. Demographic data is important to review, as it provides verification that the survey sample was representative of the target audience for the profession. In addition, demographic data can be analyzed to determine if certain subgroups view the duties and responsibilities differently. The variables were selected by subject matter experts in the profession in the JTA panel meeting and were approved by key stakeholders.

<b>In what year were you awarded the CCA credential?</b>		
2002	13	1.6%
2003	23	2.8%
2004	41	5.0%
2005	51	6.3%
2006	70	8.6%
2007	101	12.4%
2008	160	19.7%
2009	228	28.0%
2010	127	15.6%
Did Not Answer	0	0.0%
Total Responses	814	

<b>What other AHIMA credentials do you currently hold?</b>		
CCS	11	1.3%
CCS-P	5	0.6%
CHP	0	0.0%
CHPS	0	0.0%
RHIA	9	1.1%
RHIT	3	0.4%
CHDA	0	0.0%
None	788	96.8%
Did Not Answer	0	0.0%
Total Responses	816	

<b>Do you plan on taking any of the following AHIMA certification?</b>		
CCS	493	60.6%
CCS-P	184	22.6%
CHP	9	1.1%
CHPS	13	1.6%
RHIA	44	5.4%
RHIT	104	12.8%
CHDA	12	1.5%
None	186	22.9%
Did Not Answer	0	0.0%
Total Responses	1045	

<b>What is your primary work setting?</b>		
Billing Agency	46	5.7%
Consultant/vendor HIM services	13	1.6%
Correspondence company	0	0.0%
Educational institution	31	3.8%
Freestanding ambulatory-surgery center	8	1.0%
Government/public	18	2.2%

health-agency		
Home health care agency	13	1.6%
Hospice	5	0.6%
Hospital	373	45.8%
Insurance company	27	3.3%
Jail/corrections facility	3	0.4%
Law firm	2	0.2%
Long-term care facility	13	1.6%
Managed care HMO/PPO office	8	1.0%
Medical group practice/physician's office	88	10.8%
Mental health facility	9	1.1%
Multihospital/diversified system	16	2.0%
Other ambulatory care facility	10	1.2%
Pharm/medical-device/biotech manufacturer	4	0.5%
Professional or trade association	5	0.6%
Rehabilitation facility	10	1.2%
Transcription company	2	0.2%
Vendor HIM products	0	0.0%
Other (please specify)	110	13.5%
Did Not Answer	0	0.0%
Total Responses	814	

<b>Approximately how long did you code PRIOR to obtaining your CCA?</b>		
Less than 1 month	295	36.2%
1 to 3 months	56	6.9%
3 to 6 months	63	7.7%
6 months to 1 year	129	15.8%
1 to 2 years	98	12.0%
1 to 2 years	39	4.8%
2 to 3 years	16	2.0%
3 to 4 years	23	2.8%
4 to 5 years	95	11.7%
Did Not Answer	0	0.0%
Total Responses	814	

<b>How many years of coding experience do you have?</b>		
Less than 1 year	210	25.8%
1 to 2 years	159	19.5%
2 to 4 years	170	20.9%
4 to 6 years	105	12.9%
6 to 8 years	52	6.4%
More than 8 years	118	14.5%
Did Not Answer	0	0.0%
Total Responses	814	

<b>Please provide the location of the facility in which you practice</b>		
AK	4	0.5%
AL	14	1.7%
AR	8	1.0%
AZ	12	1.5%
CA	40	4.9%
CO	10	1.2%
CT	4	0.5%
DE	1	0.1%
FL	42	5.2%
GA	36	4.4%
HI	3	0.4%
IA	5	0.6%
ID	2	0.2%
IL	35	4.3%
IN	21	2.6%
KS	5	0.6%
KY	27	3.3%
LA	21	2.6%
MA	19	2.3%
MD	5	0.6%
ME	4	0.5%
MI	26	3.2%
MN	26	3.2%
MO	14	1.7%
MS	7	0.9%
MT	7	0.9%
NC	19	2.3%
ND	6	0.7%
NE	6	0.7%
NH	4	0.5%
NJ	16	2.0%
NM	6	0.7%
NV	10	1.2%
NY	19	2.3%
OH	58	7.1%
OK	12	1.5%
OR	5	0.6%

PA	35	4.3%
RI	1	0.1%
SC	28	3.4%
SD	7	0.9%
TN	18	2.2%
TX	68	8.4%
UT	6	0.7%
VA	13	1.6%
VT	0	0.0%
WA	7	0.9%
WI	47	5.8%
WV	3	0.4%
WY	7	0.9%
Other/International	15	1.8%
Did Not Answer	0	0.0%
Total Responses	814	

<b>Please indicate your Job Level category</b>		
Executive/President/Vice President	2	0.2%
Director (HIM, etc.)/Officer (compliance)	12	1.5%
Educator	27	3.3%
Manager/Supervisor	48	5.9%
Consultant	14	1.7%
Clinician (MD, RN etc.)	17	2.1%
Technology Role (e.g. systems analyst, product analyst/specialist)	8	1.0%
HIM Technician Role (e.g. coder, transcriptionist, CDI specialist, claims/financial analyst)	471	57.9%
Clerical/Administrative support	129	15.8%
Not currently working	86	10.6%
Did Not Answer	0	0.0%
Total Responses	814	

**What is the HIGHEST level of education you have completed to date?**

High School Diploma	44	5.4%
Coding Certificate Program	387	47.5%
Associate's Degree	192	23.6%
Baccalaureate Degree	149	18.3%
Master's Degree	38	4.7%
Ph.D. or MD	4	0.5%
Did Not Answer	0	0.0%
Total Responses	814	

<b>Have you completed an AHIMA approved coding certificate?</b>		
Yes	547	67.2%
No	176	21.6%
Unsure	91	11.2%
Did Not Answer	0	0.0%
Total Responses	814	

<b>What is your gender?</b>		
Male	34	4.2%
Female	780	95.8%
Did Not Answer	0	0.0%
Total Responses	814	

**Section 4: Domain 1 – Classification Systems**

In this section, respondents were asked to rate the following statements according to the given rating scale

**IMPORTANCE**

1. Interpret healthcare data for code assignments
2. Incorporate clinical vocabularies and terminologies used in health information systems
3. Abstract pertinent information from medical records
4. Consult reference materials to facilitate code assignment
5. Apply inpatient coding guidelines
6. Apply outpatient coding guidelines
7. Apply physician coding guidelines
8. Assign inpatient codes
9. Assign outpatient codes
10. Apply physician codes
11. Sequence codes according to healthcare setting

**FREQUENCY**

\*SAME AS LISTED ABOVE



**Section 5: Domain 2 – Reimbursement Methodologies**

In this section, respondents were asked to rate the following statements according to the given rating scale

**IMPORTANCE**

1. Sequence codes for optimal reimbursement
2. Link diagnoses and CPT codes according to payer specific guidelines
3. Assign correct diagnosis related group (DRG/MS-DRG)
4. Assign correct ambulatory payment classification (APC)
5. Evaluate NCCI (National Correct Coding Initiative) edits
6. Reconcile NCCI edits
7. Validate medical necessity using LCD (local coverage determinations) and NCD (national coverage determinations)
8. Submit claim forms
9. Communicate with financial departments
10. Evaluate claim denials
11. Respond to claim denials
12. Re-submit denied claim to the payer source
13. Communicate with the physician to clarify documentation

**FREQUENCY**

\*SAME AS LISTED ABOVE

**Section 6: Domain 3 – Health Records and Data Content**

In this section, respondents were asked to rate the following statements according to the given rating scale

**IMPORTANCE**

1. Retrieve medical records
2. Assemble medical records according to healthcare setting
3. Analyze medical records quantitatively for completeness
4. Analyze medical records qualitatively for deficiencies
5. Perform data abstraction
6. Request patient-specific documentation from other sources (for example, ancillary departments, physician's office, etc.)
7. Request patient information from master patient index
8. Educate providers in regards to health data standards
9. Generate reports for data analysis

**FREQUENCY**

\*SAME AS LISTED ABOVE

**Section 7: Domain 4 – Compliance Domain**

In this section, respondents were asked to rate the following statements according to the given rating scale

**IMPORTANCE**

1. Identify discrepancies between coded data and supporting documentation
2. Validate that codes assigned by provider or electronic systems are supported by proper documentation
3. Perform ethical coding
4. Clarify documentation through physician query
5. Research latest coding changes
6. Implement latest coding changes
7. Update fee/charge ticket based on latest coding changes
8. Educate providers on compliant coding
9. Perform physician coding audit
10. Assist in preparing the organization for accreditation, licensing, and/or certification surveys
11. Assist in preparing the organization for external audits

**FREQUENCY**

\*SAME AS LISTED ABOVE

**Section 7: Domain 5 – Information Technology**

In this section, respondents were asked to rate the following statements according to the given rating scale

**IMPORTANCE**

1. Navigate throughout the electronic health record (EHR)
2. Utilize encoding and grouping software
3. Utilize practice management and HIM (Health Information Management) systems
4. Utilize CAC (computer assisted coding) software that automatically assigns codes based on electronic text
5. Validate the codes assigned by computer assisted coding software
6. Determine parameters to generate reports
7. Create forms within EHR system
8. Design templates within EHR system for healthcare providers in order to assist in documenting clinical information
9. Scan documents into EHR system

**FREQUENCY**

\*SAME AS LISTED ABOVE

Section 8: Domain 6 – Confidentiality and Privacy

In this section, respondents were asked to rate the following statements according to the given rating scale

IMPORTANCE

1. Ensure patient confidentiality
2. Educate healthcare staff on privacy and confidentiality issues
3. Recognize and report privacy issues/violations
4. Maintain a secure work environment
5. Utilize pass codes
6. Access only minimal necessary documents/information
7. Release patient-specific data to authorized individuals
8. Protect electronic documents through encryption
9. Transfer electronic documents through secure sites
10. Retain confidential records appropriately
11. Destroy confidential records appropriately

FREQUENCY

\*SAME AS LISTED ABOVE

Additionally, respondents were given the option to include their own comments in several sections of the survey.

*Request for Comment Statement:*

Other (Specify)

Please let us know if you have any comments about this particular task

#### **4. Survey Distribution**

Administration Date: July 8, 2010  
Distribution Method: Web-based survey  
Participants: 814 practitioners

#### **5. Survey Results Analysis**

Information: The survey was designed to verify that key task and knowledge statements related to demonstrating professional competence would be included in test materials developed from this Job/Task Analysis. In order to provide support for the validity of the Job/Task Analysis, the statements were rated in terms of importance, criticality, and frequency of use in competent job performance. Content validation is an important part of the Job/Task Analysis process, as is using objective standards to determine content for inclusion. Once the survey data was verified, the Job/Task Analysis development team used it to determine the number of items related to each content area that should be included in test materials. A detailed discussion of this issue is found in the "Test Blueprint Development" section of this document.

## RESULTS

### **Introduction**

Following the survey administration period, the data was checked for logical consistency and transformation issues. Once the data was determined to be of sufficient quality, initial frequency and descriptive information were collected on each variable.

### **Subject-Matter**

**Expert Panel Ratings** During the JTA panel meeting, the subject-matter experts rated each domain and task statement according to importance, criticality, and frequency. The response options for each scale is listed below.

Importance:

0 - Not Important; 1 - Of Little Importance; 2 - Moderately Important; 3 - Very Important; 4 - Extremely Important

Criticality:

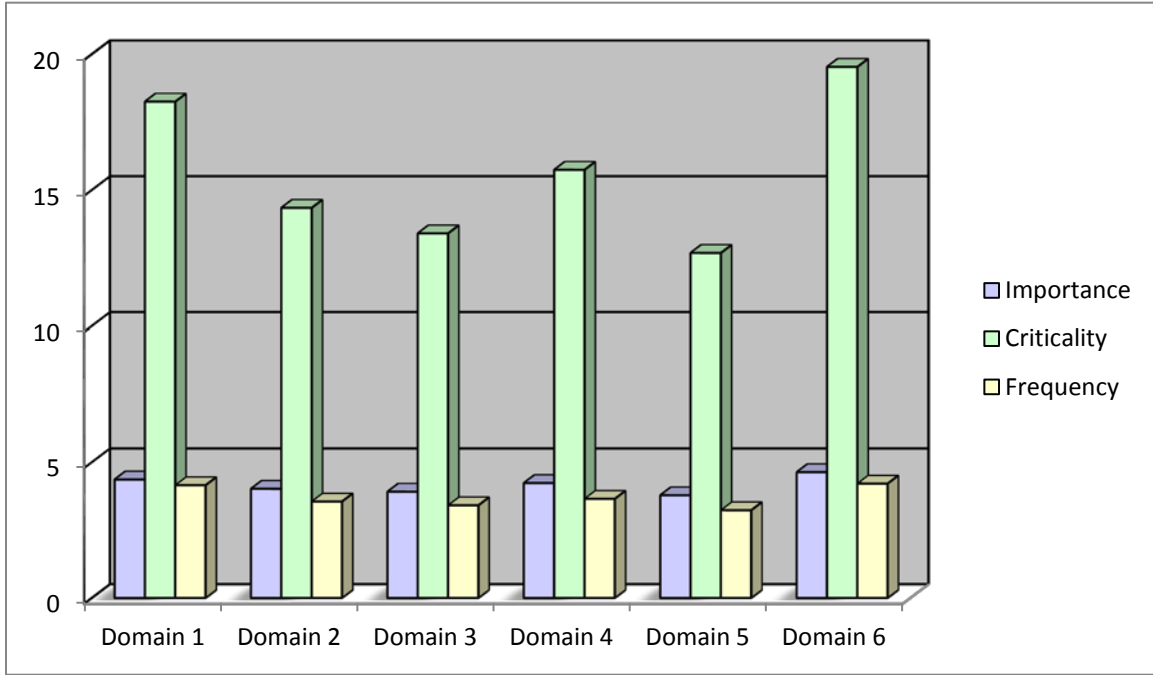
0 - No Harm; 1 - Minimal Harm; 2 - Moderate Harm; 3 - Substantial Harm; 4 - Extreme Harm

Frequency:

0 - Never Performed; 1 - Rarely Performed; 2 - Sometimes Performed; 3 - Often Performed; 4 - Repeatedly Performed

Beginning on the next page, the following charts indicate the average ratings by domain and task/knowledge statement:

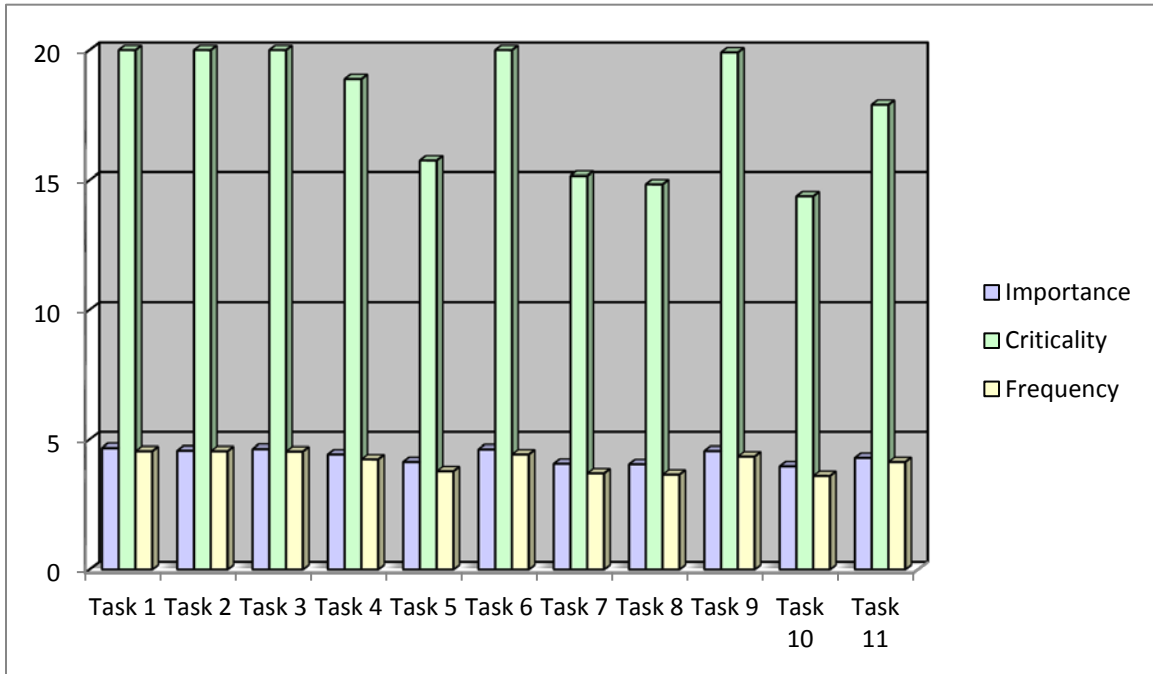
	Domain 1	Domain 2	Domain 3	Domain 4	Domain 5	Domain 6
<b>Importance</b>	<b>4.37</b>	<b>4.02</b>	<b>3.91</b>	<b>4.23</b>	<b>3.78</b>	<b>4.63</b>
<b>Criticality</b>	<b>18.25</b>	<b>14.34</b>	<b>13.40</b>	<b>15.74</b>	<b>12.68</b>	<b>19.53</b>
<b>Frequency</b>	<b>4.15</b>	<b>3.55</b>	<b>3.41</b>	<b>3.65</b>	<b>3.23</b>	<b>4.21</b>



**Domain ratings**

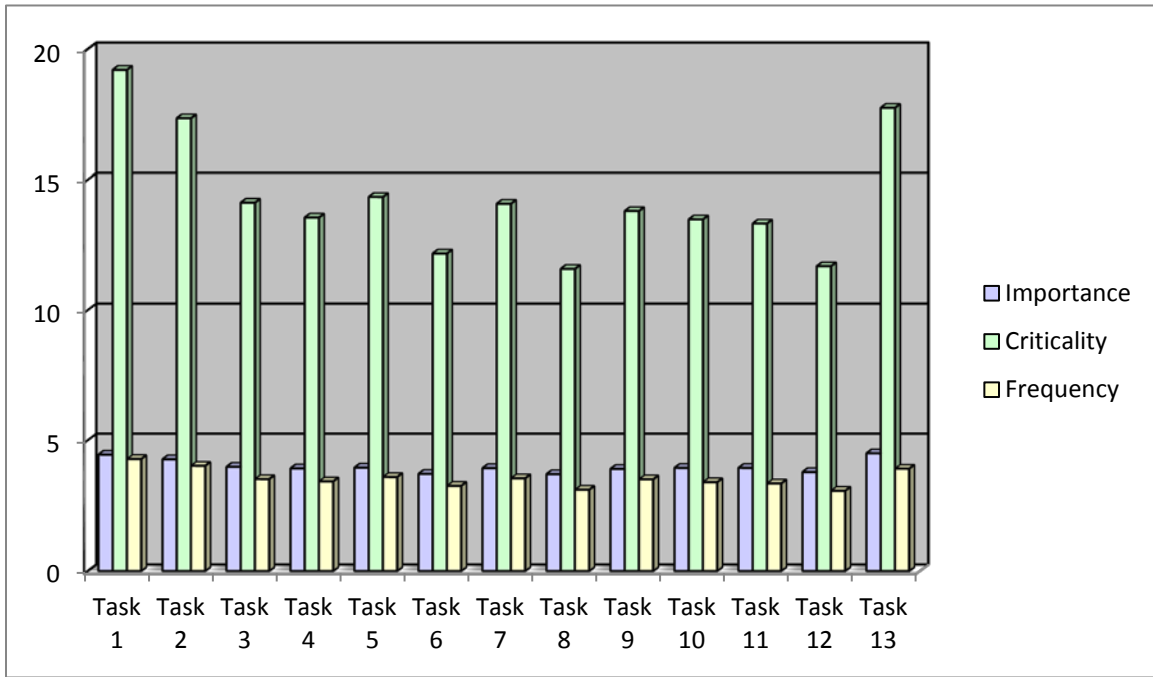


	Task 1	Task 2	Task 3	Task 4	Task 5	Task 6	Task 7	Task 8	Task 9	Task 10	Task 11
<b>Importance</b>	4.68	4.58	4.64	4.44	4.15	4.63	4.08	4.06	4.57	3.98	4.31
<b>Criticality</b>	21.36	20.89	21.15	18.88	15.74	20.53	15.16	14.84	19.91	14.38	17.89
<b>Frequency</b>	4.56	4.56	4.55	4.25	3.79	4.44	3.71	3.66	4.36	3.61	4.15



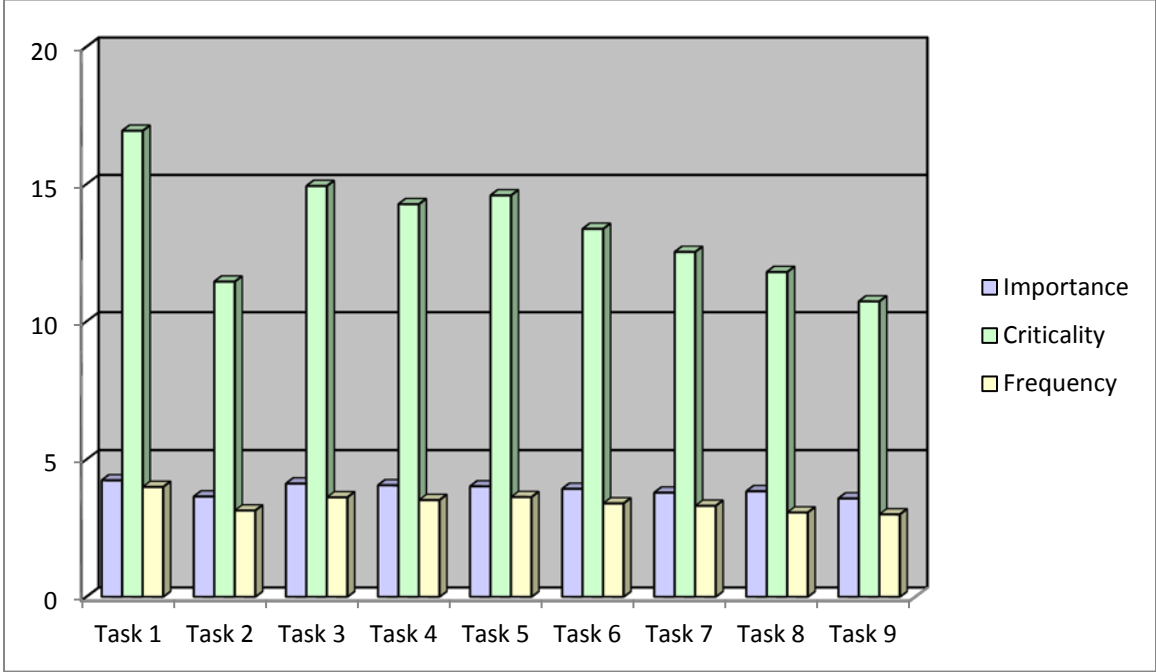
**Task Ratings for Domain 1 (Panel)**

	Task 1	Task 2	Task 3	Task 4	Task 5	Task 6	Task 7	Task 8	Task 9	Task 10	Task 11	Task 12	Task 13
Importance	4.47	4.29	4.00	3.94	3.97	3.73	3.95	3.72	3.92	3.96	3.96	3.80	4.52
Criticality	19.20	17.34	14.12	13.55	14.34	12.17	14.08	11.58	13.80	13.48	13.32	11.68	17.74
Frequency	4.30	4.04	3.53	3.44	3.61	3.27	3.56	3.12	3.52	3.41	3.36	3.08	3.93



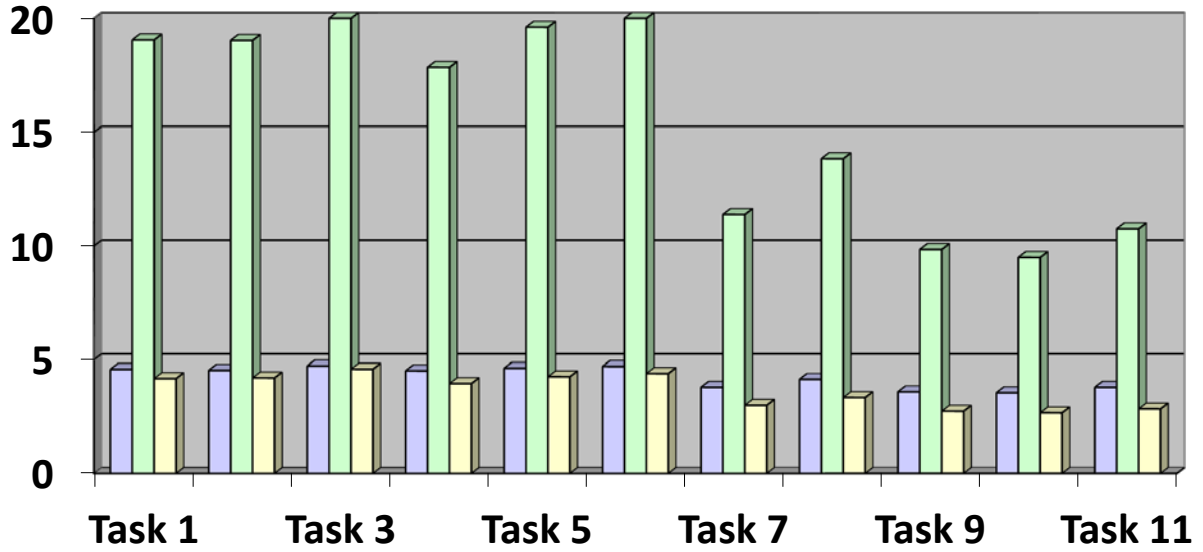
Task Ratings for Domain 2 (Panel)

	Task 1	Task 2	Task 3	Task 4	Task 5	Task 6	Task 7	Task 8	Task 9
<b>Importance</b>	4.24	3.65	4.12	4.06	4.02	3.93	3.79	3.84	3.58
<b>Criticality</b>	16.94	11.45	14.93	14.27	14.59	13.37	12.53	11.80	10.73
<b>Frequency</b>	4.00	3.14	3.62	3.52	3.63	3.40	3.31	3.07	3.00



**Task Ratings for Domain 3 (Panel)**

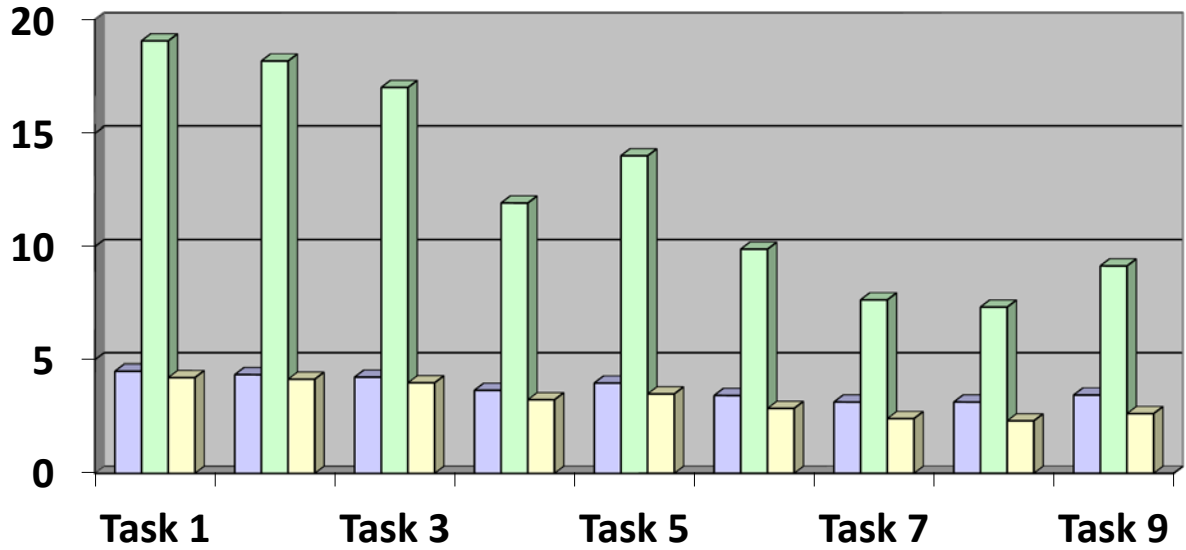
	Task 1	Task 2	Task 3	Task 4	Task 5	Task 6	Task 7	Task 8	Task 9	Task 10	Task 11
Importance	4.57	4.53	4.72	4.51	4.62	4.70	3.79	4.14	3.59	3.55	3.79
Criticality	19.05	19.03	21.64	17.84	19.61	20.62	11.38	13.84	9.84	9.49	10.75
Frequency	4.17	4.20	4.58	3.95	4.25	4.39	3.00	3.34	2.74	2.67	2.84



- Importance
- Criticality
- Frequency

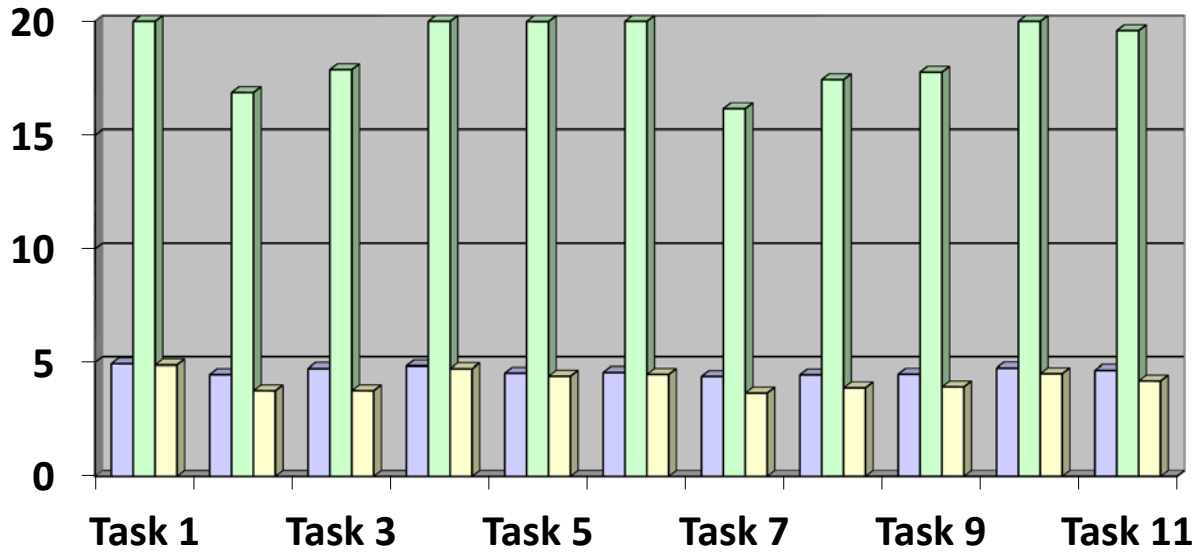
Task Ratings for Domain 4 (Panel)

	Task 1	Task 2	Task 3	Task 4	Task 5	Task 6	Task 7	Task 8	Task 9
<b>Importance</b>	4.51	4.36	4.25	3.67	3.99	3.44	3.15	3.15	3.46
<b>Criticality</b>	19.06	18.17	17.00	11.92	14.01	9.88	7.64	7.32	9.14
<b>Frequency</b>	4.23	4.16	4.00	3.25	3.51	2.87	2.42	2.32	2.64



Task Ratings for Domain 5 (Panel)

	Task 1	Task 2	Task 3	Task 4	Task 5	Task 6	Task 7	Task 8	Task 9	Task 10	Task 11
Importance	4.94	4.48	4.74	4.85	4.54	4.57	4.40	4.47	4.50	4.76	4.66
Criticality	24.17	16.86	17.87	22.97	19.99	20.54	16.15	17.43	17.76	21.54	19.59
Frequency	4.89	3.77	3.77	4.73	4.41	4.49	3.67	3.90	3.94	4.52	4.20



Task Ratings for Domain 6 (Panel)

## Mean Ratings and Inclusion Criteria

Criteria for Statement  
Inclusion:

The process for defining valid criteria for whether questions are valid and should be included in test materials involves establishing a cut point based on item ratings. A standard method for determining this cut point relies on identifying the mean importance rating in order to ensure that only relevant information is evaluated by a test.

The Job/Task Analysis development team considered whether each statement met the standard for inclusion based on its mean rating. If a statement did not meet the criteria, it could still be considered if a team member provided a compelling reason for its inclusion.

Rating Scale:

One of the major goals of the Job/Task Analysis is to make a determination of the appropriateness of all content in the daily performance of the job. In order to assist in that decision, the following criteria was be used when reviewing mean survey ratings of the domains and tasks:

Appropriate: 3.50 and above

Borderline: 3.40 – 3.49

Fail: 3.40 and below

## Survey Results

### DOMAIN RATINGS:

#### DOMAIN 1 – Classification Systems

Importance							
Domain	0 - Not Important	1 - Of Little Importance	2 - Moderately Important	3 - Very Important	4 - Extremely Important	Did Not Answer	Response Count
Interpret healthcare data for code assignments	0.6% (5)	1.0% (8)	3.1% (25)	20.1% (164)	<b>75.2% (612)</b>	0.0% (0)	814
Incorporate clinical vocabularies and terminologies used in health information system	0.2% (2)	0.9% (7)	5.2% (42)	<b>27.9% (227)</b>	65.8% (536)	0.0% (0)	
Abstract pertinent information from medical records	0.2% (2)	0.7% (6)	4.9% (40)	22.6% (184)	<b>71.5% (582)</b>	0.0% (0)	
Consult reference materials to facilitate code assignment	0.2% (2)	0.7% (6)	8.5% (69)	35.5% (289)	<b>55.0% (448)</b>	0.0% (0)	
Apply inpatient coding guidelines	7.6% (62)	5.7% (46)	10.3% (84)	16.6% (135)	<b>59.8% (487)</b>	0.0% (0)	
Apply outpatient coding guidelines	1.7% (14)	0.7% (6)	5.4% (44)	17.2% (140)	<b>74.9% (610)</b>	0.0% (0)	
Apply physician coding guidelines	7.5% (61)	5.4% (44)	11.4% (93)	22.9% (186)	<b>52.8% (430)</b>	0.0% (0)	
Assign inpatient codes	9.2% (75)	6.0% (49)	10.9% (89)	17.3% (141)	<b>56.5% (460)</b>	0.0% (0)	
Assign outpatient codes	2.6% (21)	1.1% (9)	6.3% (51)	17.0% (138)	<b>73.1% (595)</b>	0.0% (0)	
Assign physician codes	10.2% (83)	5.3% (43)	11.1% (90)	23.2% (189)	<b>50.2% (409)</b>	0.0% (0)	
Sequence codes according to healthcare setting	2.7% (22)	3.9% (32)	10.7% (87)	24.9% (203)	<b>57.7% (470)</b>	0.0% (0)	

Frequency							
Domain	0 - Never	1 - Rarely	2 - Sometimes	3 - Often	4 - Repeatedly	Did Not Answer	Response Count
Interpret healthcare data for code assignments	1.8% (15)	1.8% (15)	5.4% (44)	20.3% (165)	<b>70.6% (575)</b>	0.0% (0)	814
Incorporate clinical vocabularies and terminologies used in health information system	1.1% (9)	1.8% (15)	5.0% (41)	24.1% (196)	<b>67.9% (553)</b>	0.0% (0)	
Abstract pertinent information from medical records	1.1% (9)	2.0% (16)	6.5% (53)	21.3% (173)	<b>69.2% (563)</b>	0.0% (0)	
Consult reference materials to facilitate code assignment	1.0% (8)	1.2% (10)	15.2% (124)	37.0% (301)	<b>45.6% (371)</b>	0.0% (0)	
Apply inpatient coding guidelines	12.9% (105)	9.1% (74)	11.3% (92)	19.5% (159)	<b>47.2% (384)</b>	0.0% (0)	
Apply outpatient coding guidelines	2.9% (24)	3.4% (28)	7.7% (63)	18.8% (153)	<b>67.1% (546)</b>	0.0% (0)	
Apply physician coding guidelines	13.6% (111)	9.8% (80)	11.3% (92)	22.0% (179)	<b>43.2% (352)</b>	0.0% (0)	
Assign inpatient codes	16.0% (130)	10.1% (82)	10.9% (89)	18.3% (149)	<b>44.7% (364)</b>	0.0% (0)	
Assign outpatient codes	5.8% (47)	3.2% (26)	7.0% (57)	17.6% (143)	<b>66.5% (541)</b>	0.0% (0)	
Assign physician codes	17.2% (140)	8.7% (71)	12.3% (100)	19.2% (156)	<b>42.6% (347)</b>	0.0% (0)	
Sequence codes according to healthcare setting	5.3% (43)	5.4% (44)	11.7% (95)	24.3% (198)	<b>53.3% (434)</b>	0.0% (0)	



DOMAIN 2 – Reimbursement Methodologies

Importance							
Domain	0 - Not Important	1 - Of Little Importance	2 - Moderately Important	3 - Very Important	4 - Extremely Important	Did Not Answer	Response Count
Sequence codes for optimal reimbursement	2.6% (21)	2.2% (18)	8.8% (72)	18.4% (150)	<b>67.9% (553)</b>	0.0% (0)	814
Link diagnoses and CPT codes according to payer specific guidelines	4.2% (34)	3.6% (29)	10.1% (82)	23.6% (192)	<b>58.6% (477)</b>	0.0% (0)	
Assign correct diagnosis related group (DRG/MS-DRG)	10.1% (82)	6.6% (54)	10.9% (89)	18.1% (147)	<b>54.3% (442)</b>	0.0% (0)	
Assign correct ambulatory payment classification (APC)	9.5% (77)	6.6% (54)	13.3% (108)	21.5% (175)	<b>49.1% (400)</b>	0.0% (0)	
Evaluate NCCI (National Correct Coding Initiative) edits	6.1% (50)	6.3% (51)	15.6% (127)	28.1% (229)	<b>43.9% (357)</b>	0.0% (0)	
Reconcile NCCI edits	10.0% (81)	8.6% (70)	17.2% (140)	27.4% (223)	<b>36.9% (300)</b>	0.0% (0)	
Validate medical necessity using LCD (local coverage determinations) and NCD (national coverage determinations)	7.9% (64)	5.5% (45)	16.5% (134)	23.7% (193)	<b>46.4% (378)</b>	0.0% (0)	
Submit claim forms	16.0% (130)	9.3% (76)	10.4% (85)	15.6% (127)	<b>48.6% (396)</b>	0.0% (0)	
Communicate with financial departments	5.9% (48)	5.8% (47)	19.2% (156)	28.7% (234)	<b>40.4% (329)</b>	0.0% (0)	
Evaluate claim denials	8.8% (72)	5.2% (42)	13.8% (112)	25.8% (210)	<b>46.4% (378)</b>	0.0% (0)	
Respond to claim denials	9.3% (76)	5.8% (47)	13.4% (109)	22.4% (182)	<b>49.1% (400)</b>	0.0% (0)	
Re-submit denied claim to the payer source	13.1% (107)	7.9% (64)	11.2% (91)	21.9% (178)	<b>45.9% (374)</b>	0.0% (0)	
Communicate with the physician to clarify documentation	2.0% (16)	1.6% (13)	7.5% (61)	20.6% (168)	<b>68.3% (556)</b>	0.0% (0)	

Frequency							
Domain	0 - Never	1 - Rarely	2 - Sometimes	3 - Often	4 - Repeatedly	Did Not Answer	Response Count
Sequence codes for optimal reimbursement	5.2% (42)	3.9% (32)	8.4% (68)	21.3% (173)	<b>61.3% (499)</b>	0.0% (0)	814
Link diagnoses and CPT codes according to payer specific guidelines	7.7% (63)	6.3% (51)	10.2% (83)	25.4% (207)	<b>50.4% (410)</b>	0.0% (0)	
Assign correct diagnosis related group (DRG/MS-DRG)	18.8% (153)	10.2% (83)	11.9% (97)	17.2% (140)	<b>41.9% (341)</b>	0.0% (0)	
Assign correct ambulatory payment classification (APC)	19.4% (158)	9.6% (78)	15.5 (126)	18.9% (154)	<b>36.6% (298)</b>	0.0% (0)	
Evaluate NCCI (National Correct Coding Initiative) edits	10.8% (88)	10.8% (88)	19.2% (156)	24.9% (203)	<b>34.3% (279)</b>	0.0% (0)	
Reconcile NCCI edits	17.8% (145)	13.0% (106)	20.3% (165)	22.6% (184)	<b>26.3% (214)</b>	0.0% (0)	
Validate medical necessity using LCD (local coverage determinations) and NCD (national coverage determinations)	14.3% (116)	10.2% (83)	17.4% (142)	21.3% (173)	<b>36.9% (300)</b>	0.0% (0)	
Submit claim forms	32.1% (261)	10.4% (85)	8.4% (68)	12.0% (98)	<b>37.1% (302)</b>	0.0% (0)	
Communicate with financial departments	11.2% (91)	10.0% (81)	23.3% (190)	26.8% (218)	<b>28.7% (234)</b>	0.0% (0)	
Evaluate claim denials	16.1% (131)	10.6% (86)	20.6% (168)	22.1% (180)	<b>30.6% (249)</b>	0.0% (0)	
Respond to claim denials	18.6% (151)	10.0% (81)	19.4% (158)	21.0% (171)	<b>31.1% (253)</b>	0.0% (0)	
Re-submit denied claim to the payer source	25.6% (208)	12.3% (100)	17.8% (145)	17.6% (143)	<b>26.8% (218)</b>	0.0% (0)	
Communicate with the physician to clarify documentation	6.0% (49)	5.0% (41)	20.8% (169)	26.5% (216)	<b>41.6% (339)</b>	0.0% (0)	

DOMAIN 3 – Health Records and Data Content

Importance							
Domain	0 - Not Important	1 - Of Little Importance	2 - Moderately Important	3 - Very Important	4 - Extremely Important	Did Not Answer	Response Count
Retrieve medical records	3.4% (28)	3.6% (29)	12.0% (98)	27.9% (227)	<b>53.1% (432)</b>	0.0% (0)	814
Assemble medical records according to healthcare setting	13.5% (110)	9.5% (77)	15.0% (122)	23.0% (187)	<b>39.1% (318)</b>	0.0% (0)	
Analyze medical records quantitatively for completeness	6.5% (53)	5.4% (44)	11.4% (93)	22.7% (185)	<b>53.9% (439)</b>	0.0% (0)	
Analyze medical records qualitatively for deficiencies	7.2% (59)	5.8% (47)	11.7% (95)	24.8% (202)	<b>50.5% (411)</b>	0.0% (0)	
Perform data abstraction	7.7% (63)	4.8% (39)	13.5% (110)	25.8% (210)	<b>48.2% (392)</b>	0.0% (0)	
Request patient-specific documentation from other sources (for example, ancillary departments, physician’s office, etc.)	4.7% (38)	5.9% (48)	19.3% (157)	31.6% (257)	<b>38.6% (314)</b>	0.0% (0)	
Retrieve patient information from master patient index	8.8% (72)	9.2% (75)	15.8% (129)	26.3% (214)	<b>39.8% (324)</b>	0.0% (0)	
Educate providers in regards to health data standards	8.8% (72)	8.1% (66)	15.0% (122)	26.4% (215)	<b>41.6% (339)</b>	0.0% (0)	
Generate reports for data analysis	12.8% (104)	10.6% (86)	16.2% (132)	26.5% (216)	<b>33.9% (276)</b>	0.0% (0)	

Frequency							
Domain	0 - Never	1 - Rarely	2 - Sometimes	3 - Often	4 - Repeatedly	Did Not Answer	Response Count
Retrieve medical records	7.0% (57)	5.4% (44)	14.5% (118)	26.8% (218)	<b>46.3% (377)</b>	0.0% (0)	814
Assemble medical records according to healthcare setting	25.1% (204)	12.2% (99)	16.0% (130)	17.3% (141)	<b>29.5% (240)</b>	0.0% (0)	
Analyze medical records quantitatively for completeness	14.3% (116)	10.2% (83)	14.7% (120)	20.8% (169)	<b>40.0% (326)</b>	0.0% (0)	
Analyze medical records qualitatively for deficiencies	16.2% (132)	10.2% (83)	16.3% (133)	19.9% (162)	<b>37.3% (304)</b>	0.0% (0)	
Perform data abstraction	14.7% (120)	8.4% (68)	16.5% (134)	20.0% (163)	<b>40.4% (329)</b>	0.0% (0)	
Request patient-specific documentation from other sources (for example, ancillary departments, physician’s office, etc.)	11.1% (90)	12.2% (99)	<b>27.5% (224)</b>	24.6% (200)	24.7% (201)	0.0% (0)	
Retrieve patient information from master patient index	17.6% (143)	12.2% (99)	21.0% (171)	20.6% (168)	<b>28.6% (233)</b>	0.0% (0)	
Educate providers in regards to health data standards	19.8% (161)	14.7% (120)	<b>24.1% (196)</b>	21.3% (173)	20.1% (164)	0.0% (0)	
Generate reports for data analysis	<b>24.7% (201)</b>	13.3% (108)	21.1% (172)	19.5% (159)	21.4% (174)	0.0% (0)	

DOMAIN 4 – Compliance Domain

Importance							
Domain	0 - Not Important	1 - Of Little Importance	2 - Moderately Important	3 - Very Important	4 - Extremely Important	Did Not Answer	Response Count
Identify discrepancies between coded data and supporting documentation	2.0% (16)	1.4% (11)	5.7% (46)	20.1% (164)	<b>70.9% (577)</b>	0.0% (0)	814
Validate that codes assigned by provider or electronic systems are supported by proper documentation	3.3% (27)	2.1% (17)	4.3% (35)	18.9% (154)	<b>71.4% (581)</b>	0.0% (0)	
Perform ethical coding	1.2% (10)	1.5% (12)	3.6% (29)	11.2% (91)	<b>82.6% (672)</b>	0.0% (0)	
Clarify documentation through physician query	1.4% (11)	2.1% (17)	6.8% (55)	23.3% (190)	<b>66.5% (541)</b>	0.0% (0)	
Research latest coding changes	1.2% (10)	1.1% (9)	5.2% (42)	19.5% (159)	<b>73.0% (594)</b>	0.0% (0)	
Implement latest coding changes	1.4% (11)	1.1% (9)	3.2% (26)	15.2% (124)	<b>79.1% (644)</b>	0.0% (0)	
Update fee/charge ticket based on latest coding changes	13.3% (108)	7.9% (64)	10.1% (82)	24.1% (196)	<b>44.7% (364)</b>	0.0% (0)	
Educate providers on compliant coding	7.0% (57)	4.4% (36)	9.7% (79)	25.4% (207)	<b>53.4% (435)</b>	0.0% (0)	
Perform physician coding audit	16.5% (134)	6.9% (56)	13.4% (109)	27.6% (225)	<b>35.6% (290)</b>	0.0% (0)	
Assist in preparing the organization for accreditation, licensing, and/or certification surveys	15.7% (128)	8.8% (72)	16.6% (135)	22.2% (181)	<b>36.6% (298)</b>	0.0% (0)	
Assist in preparing the organization for external audits	11.3% (92)	8.1% (66)	12.9% (105)	25.6% (208)	<b>42.1% (343)</b>	0.0% (0)	

Frequency							
Domain	0 - Never	1 - Rarely	2 - Sometimes	3 - Often	4 - Repeatedly	Did Not Answer	Response Count
Identify discrepancies between coded data and supporting documentation	3.2% (26)	4.4% (36)	17.6% (143)	21.6% (176)	<b>53.2% (433)</b>	0.0% (0)	814
Validate that codes assigned by provider or electronic systems are supported by proper documentation	6.0% (49)	4.4% (36)	11.4% (93)	19.7% (160)	<b>58.5% (476)</b>	0.0% (0)	
Perform ethical coding	3.3% (27)	2.9% (24)	4.3% (35)	11.1% (90)	<b>78.4% (638)</b>	0.0% (0)	
Clarify documentation through physician query	3.3% (27)	6.3% (51)	22.4% (182)	28.0% (228)	<b>40.0% (326)</b>	0.0% (0)	
Research latest coding changes	2.2% (18)	2.9% (24)	13.3% (108)	31.2% (254)	<b>50.4% (410)</b>	0.0% (0)	
Implement latest coding changes	3.1% (25)	2.6% (21)	8.0% (65)	24.9% (203)	<b>61.4% (500)</b>	0.0% (0)	
Update fee/charge ticket based on latest coding changes	<b>29.4% (239)</b>	10.7% (87)	14.4% (117)	21.5% (175)	24.1% (196)	0.0% (0)	
Educate providers on compliant coding	16.7% (136)	11.9% (97)	20.3% (165)	22.6% (184)	<b>28.5% (232)</b>	0.0% (0)	
Perform physician coding audit	<b>32.1% (261)</b>	15.2% (124)	16.8% (137)	18.4% (150)	17.4% (142)	0.0% (0)	
Assist in preparing the organization for accreditation, licensing, and/or certification surveys	<b>31.4% (256)</b>	17.2% (140)	20.0% (163)	15.4% (125)	16.0% (130)	0.0% (0)	
Assist in preparing the organization for external audits	<b>24.7% (201)</b>	17.9% (146)	23.1% (188)	17.6% (143)	16.7% (136)	0.0% (0)	

DOMAIN 5 – Information Technology

Importance							
Domain	0 - Not Important	1 - Of Little Importance	2 - Moderately Important	3 - Very Important	4 - Extremely Important	Did Not Answer	Response Count
Navigate throughout the electronic health record (EHR)	3.1% (25)	2.3% (19)	5.4% (44)	18.9% (154)	<b>70.8% (572)</b>	0.0% (0)	814
Utilize encoding and grouping software	4.5% (37)	3.4% (28)	7.5% (61)	20.1% (164)	<b>64.4% (524)</b>	0.0% (0)	
Utilize practice management and HIM (Health Information Management) systems	3.8% (31)	3.3% (27)	10.6% (86)	28.5% (232)	<b>53.8% (438)</b>	0.0% (0)	
Utilize CAC (computer assisted coding) software that automatically assigns codes based on electronic text	12.8% (104)	9.7% (79)	14.1% (115)	24.9% (203)	<b>38.5% (313)</b>	0.0% (0)	
Validate the codes assigned by computer assisted coding software	11.1% (90)	4.9% (40)	8.8% (72)	24.1% (196)	<b>51.1% (416)</b>	0.0% (0)	
Determine parameters to generate reports	14.9% (121)	9.1% (74)	21.3% (173)	27.0% (220)	<b>27.8% (226)</b>	0.0% (0)	
Create forms within EHR system	21.1% (172)	12.3% (100)	20.6% (168)	22.2% (181)	<b>23.7% (193)</b>	0.0% (0)	
Design templates within EHR system for healthcare providers in order to assist in documenting clinical information	22.6% (184)	11.1% (90)	20.1% (164)	21.1% (172)	<b>25.1% (204)</b>	0.0% (0)	
Scan documents into the EHR system	20.4% (166)	8.8% (72)	12.8% (104)	20.0% (163)	<b>38.0% (309)</b>	0.0% (0)	

Frequency							
Domain	0 - Never	1 - Rarely	2 - Sometimes	3 - Often	4 - Repeatedly	Did Not Answer	Response Count
Navigate throughout the electronic health record (EHR)	9.0% (73)	3.4% (28)	7.2% (59)	16.6% (135)	<b>63.8% (519)</b>	0.0% (0)	814
Utilize encoding and grouping software	10.2% (83)	3.6% (29)	8.0% (65)	16.2% (132)	<b>62.0% (505)</b>	0.0% (0)	
Utilize practice management and HIM (Health Information Management) systems	8.0% (65)	6.4% (52)	12.2% (99)	24.8% (202)	<b>48.6% (396)</b>	0.0% (0)	
Utilize CAC (computer assisted coding) software that automatically assigns codes based on electronic text	25.9% (211)	10.0% (81)	11.7% (95)	18.1% (147)	<b>34.4% (280)</b>	0.0% (0)	
Validate the codes assigned by computer assisted coding software	21.6% (176)	6.5% (53)	11.5% (94)	19.9% (162)	<b>40.4% (329)</b>	0.0% (0)	
Determine parameters to generate reports	<b>27.9% (227)</b>	14.9% (121)	18.1% (147)	20.3% (165)	18.9% (154)	0.0% (0)	
Create forms within EHR system	<b>41.3% (336)</b>	16.1% (131)	15.1% (123)	14.0% (114)	13.5% (110)	0.0% (0)	
Design templates within EHR system for healthcare providers in order to assist in documenting clinical information	<b>44.2% (360)</b>	17.2% (140)	13.3% (108)	12.5% (102)	12.8% (104)	0.0% (0)	
Scan documents into the EHR system	<b>40.4% (329)</b>	12.8% (104)	11.8% (96)	12.5% (102)	22.5% (183)	0.0% (0)	

DOMAIN 6 – Confidentiality and Privacy

Importance							
Domain	0 - Not Important	1 - Of Little Importance	2 - Moderately Important	3 - Very Important	4 - Extremely Important	Did Not Answer	Response Count
Ensure patient confidentiality	0.1% (1)	0.2% (2)	0.7% (6)	3.2% (26)	<b>95.7% (779)</b>	0.0% (0)	814
Educate healthcare staff on privacy and confidentiality issues	5.3% (43)	2.8% (23)	4.3% (35)	14.1% (115)	<b>73.5% (598)</b>	0.0% (0)	
Recognize and report privacy issues/violations	1.4% (11)	1.6% (13)	1.7% (14)	12.4% (101)	<b>82.9% (675)</b>	0.0% (0)	
Maintain a secure work environment	0.2% (2)	0.5% (4)	0.9% (7)	10.7% (87)	<b>87.7% (714)</b>	0.0% (0)	
Utilize pass codes	3.2% (26)	2.8% (23)	5.0% (41)	15.0% (122)	<b>74.0% (602)</b>	0.0% (0)	
Access only minimal necessary documents/information	1.4% (11)	2.6% (21)	5.5% (45)	18.4% (150)	<b>72.1% (587)</b>	0.0% (0)	
Release patient-specific data to authorized individuals	6.8% (55)	3.4% (28)	3.7% (30)	15.0% (122)	<b>71.1% (579)</b>	0.0% (0)	
Protect electronic documents through encryption	7.1% (58)	2.5% (20)	3.6% (29)	10.4% (85)	<b>76.4% (622)</b>	0.0% (0)	
Transfer electronic documents through secure sites	5.8% (47)	2.3% (19)	4.3% (35)	10.8% (88)	<b>76.8% (625)</b>	0.0% (0)	
Retain confidential records appropriately	2.1% (17)	1.1% (9)	1.0% (8)	10.0% (81)	<b>85.9% (699)</b>	0.0% (0)	
Destroy confidential records appropriately	4.9% (40)	0.9% (7)	1.2% (10)	9.2% (75)	<b>83.8% (682)</b>	0.0% (0)	

Frequency							
Domain	0 - Never	1 - Rarely	2 - Sometimes	3 - Often	4 - Repeatedly	Did Not Answer	Response Count
Ensure patient confidentiality	0.7% (6)	0.2% (2)	1.7% (14)	3.7% (30)	<b>93.6% (762)</b>	0.0% (0)	814
Educate healthcare staff on privacy and confidentiality issues	12.9% (105)	10.1% (82)	12.9% (105)	15.7% (128)	<b>48.4% (394)</b>	0.0% (0)	
Recognize and report privacy issues/violations	6.8% (55)	19.8% (161)	12.7% (103)	11.2% (91)	<b>49.6% (404)</b>	0.0% (0)	
Maintain a secure work environment	1.0% (8)	1.7% (14)	3.4% (28)	27.4% (86)	<b>83.3% (678)</b>	0.0% (0)	
Utilize pass codes	5.7% (46)	5.0% (41)	5.7% (46)	10.3% (84)	<b>73.3% (597)</b>	0.0% (0)	
Access only minimal necessary documents/information	1.8% (15)	4.1% (33)	6.4% (52)	18.7% (152)	<b>69.0% (562)</b>	0.0% (0)	
Release patient-specific data to authorized individuals	16.8% (137)	8.1% (66)	12.9% (105)	15.7% (128)	<b>46.4% (378)</b>	0.0% (0)	
Protect electronic documents through encryption	16.7% (136)	5.9% (48)	6.9% (56)	11.3% (92)	<b>59.2% (482)</b>	0.0% (0)	
Transfer electronic documents through secure sites	13.5% (110)	6.9% (56)	9.0% (73)	13.1% (107)	57.5% (468)	0.0% (0)	
Retain confidential records appropriately	4.8% (39)	3.1% (25)	3.8% (31)	11.8% (96)	<b>76.5% (623)</b>	0.0% (0)	
Destroy confidential records appropriately	11.3% (92)	4.5% (37)	5.7% (46)	9.6% (78)	<b>68.9% (561)</b>	0.0% (0)	



## **TEST BLUEPRINT DEVELOPMENT**

### **Overview**

Following the survey results analysis, the Job/Task Analysis development team worked to identify the number of items which should be included in a certification test along with relevant statistics such as domain percentage, task percentage, and test percentage. These percentages are used to ensure comprehensive coverage of all content areas on a test.

This section provides the combined data from the subject-matter experts panel and survey respondents.

### **Test Format**

Examination formats vary by provider. Multiple-choice tests are generally used to evaluate examinee knowledge, while performance-based tests are generally used to evaluate examinee skills and job execution. However, certifying agencies must decide on a case-by-case basis what test format they prefer to use. This examination will consist of 150 multiple-choice questions. The validation ratings for each task and the number of test questions required as a result of those ratings is provided in the tables below.

### **Total Items**

100

### Combined Ratings from SME Panel and Survey Respondents

Information: The following tables present the combined mean ratings from the SME panel and survey respondents for each of the content categories.

#### Combined Ratings:

<i>Domain/Task</i>	<i>I</i>	<i>C</i>	<i>F</i>	<i>% Domain</i>	<i>% Test</i>	<i># of Items</i>
<b>Domain 1 – Ethical, Legal, and Regulatory Issues/External Environmental Assessment</b>	<b>4.42</b>	<b>3.84</b>	<b>3.91</b>	--	<b>21.46%</b>	<b>32</b>
1.1 Serve as a resource (provide guidance) to your organization regarding privacy and security laws, regulations, and standards of accreditation agencies to help interpret and apply the standards.	4.63	3.96	4.35			
1.2 Develop incident response plan and identify team members (e.g. Human Resources, Legal, Risk Management, Physical Security, Law Enforcement, Public Relations, IT, Administration) to respond to a privacy or security incident.	4.21	3.80	3.42			
1.3 Demonstrate privacy and security compliance with documentation, production, and retention as required by State and Federal law as well as accrediting agencies.	4.42	3.76	3.97			

<i>Domain/Task</i>	<i>I</i>	<i>C</i>	<i>F</i>	<i>% Domain</i>	<i>% Test</i>	<i># of Items</i>
<b>Domain 2 – Program Management and Administration</b>	<b>4.23</b>	<b>3.81</b>	<b>3.68</b>	<b>--</b>	<b>20.49%</b>	<b>31</b>
2.1 Administer an appropriate organizational infrastructure for privacy and information security to oversee the program(s).	4.11	3.59	3.63			
2.2 Create, document, and communicate information privacy and security policies, procedures, consents, authorizations, and notice of privacy practices.	4.47	3.87	4.09			
2.3 Identify contracts and business relationships and secure appropriate agreements related to privacy and security (e.g., BAA, QSO, etc.). Manage BAA processes throughout the life of the contract.	4.02	3.61	3.45			
2.4 Establish and maintain facility security plan to safeguard unauthorized physical access to information and prevent theft or tampering.	4.46	4.27	3.73			
2.5 Develop, deliver, evaluate and document training and awareness on information privacy and security to provide an informed workforce.	4.39	3.84	4.08			
2.6 Work with appropriate organization officials to verify that information used or disclosed for research complies with organizational policies and procedures and applicable privacy regulations.	3.77	3.36	3.05			
2.7 Assess, recommend, revise, and communicate changes to organizational policies, procedures, and practices related to privacy and security.	4.15	3.58	3.69			
2.8 Assess and communicate risks and ramifications of privacy and security incidents, including those by business associates.	4.10	3.75	3.43			
2.9 Establish a preventative program to detect, prevent and mitigate privacy/security breaches.	4.41	4.05	3.68			

<i>Domain/Task</i>	<i>I</i>	<i>C</i>	<i>F</i>	<i>% Domain</i>	<i>% Test</i>	<i># of Items</i>
<b>Domain 2 – Program Management and Administration continued</b>						
2.10 Apply and recommend appropriate de-identification methodologies.	3.77	3.54	3.03			
2.11 Verify that requesters of protected information are authorized and permitted to receive the protected information (subpoena, court orders, search warrants).	4.61	4.26	4.26			
2.12 Define HIPAA-designated record sets for the organization in order to appropriately respond to a request for release of information.	3.99	3.51	3.47			
2.13 Identify information and record sets requiring special privacy protections.	4.27	3.98	3.44			
2.14 Identify permitted uses and disclosures of protected health information with or without patient authorization.	4.38	4.01	3.94			
2.15 Develop minimum necessary procedures.	4.07	3.58	3.47			
2.16 Recommend, review and approve protocols that are in place to verify identity and access rights and privileges of recipients/users of health information.	4.23	3.84	3.64			

<i>Domain/Task</i>	<i>I</i>	<i>C</i>	<i>F</i>	<i>% Domain</i>	<i>% Test</i>	<i># of Items</i>
<b>Domain 3 – Program Management and Administration</b>	<b>3.88</b>	<b>3.58</b>	<b>2.90</b>	<b>--</b>	<b>17.79%</b>	<b>27</b>
3.1 Facilitate development and maintenance of the inventory of software, hardware, and all information assets to protect information assets and to facilitate risk assessment.	4.00	3.69	3.03			
3.2 Participate in business continuity planning for planned downtime and contingency planning for emergencies and disaster recovery.	4.10	3.80	3.08			
3.3 Participate in evaluation, selection, and implementation of information privacy and security solutions.	4.05	3.57	3.28			
3.4 Develop a systematic process to evaluate risk to and criticalities of information systems which contain PHI.	4.03	3.70	3.19			
3.5 Assess, implement and oversee media control practices that govern the receipt, removal, re-use, or disposal (internal and external destruction) of any media or devices containing sensitive data to protect the confidentiality, privacy and security of information.	4.15	3.97	3.21			
3.6 Establish and monitor physical security mechanisms to limit the access of authorized personnel to facilities, equipment and information.	4.22	3.92	3.49			
3.7 Establish reasonable safeguards to reduce incidental disclosures.	4.04	3.56	3.54			
3.8 Develop and manage organization's information security plan.	4.14	3.81	3.17			
3.9 Participate in the organizational risk assessment plan to identify threats and vulnerabilities.	4.19	3.84	3.28			
3.10 Establish security policy and compliance review program	4.09	3.67	3.26			

<i>Domain/Task</i>	<i>I</i>	<i>C</i>	<i>F</i>	<i>% Domain</i>	<i>% Test</i>	<i># of Items</i>
<b>Domain 3 – Program Management and Administration continued</b>						
3.11 Ensure adequacy of technical safeguards such as configuration management, intrusion detection, and preventive countermeasures.	4.07	3.85	2.99			
3.12 Establish a documentation process to record any and all changes made to software and hardware.	3.79	3.33	2.76			
3.13 Establish internal policies, procedures and rules to protect information and comply with security requirements.	4.20	3.76	3.40			
3.14 Apply appropriate technologies to protect information received from or transmitted to external users (HIEs, RHIOs, PHRs, and other third parties).	4.13	3.82	3.13			
3.15 Verify and validate data backup plan.	4.21	3.93	3.05			
3.16 Establish guidelines, procedures and controls to ensure the integrity, availability and confidentiality of communication across networks (e.g. wireless, Internet, secure sockets, VPNs, and PKI).	4.29	4.00	3.09			
3.17 Advocate the use of event triggering to identify abnormal conditions within a system (e.g. intrusion detection, denial of service, and invalid log-on attempts).	4.14	3.85	3.08			
3.18 Establish and manage process for verifying and controlling access authorizations and privileges including emergency access.	4.14	3.81	3.25			
3.19 Establish and manage authentication mechanisms.	4.11	3.74	3.15			
3.20 Recommend the encryption of protected health information and other sensitive data based on risk assessment.	4.29	3.99	3.38			
3.21 Provide for forensic services.	3.25	3.00	2.18			

<i>Domain/Task</i>	<i>I</i>	<i>C</i>	<i>F</i>	<i>% Domain</i>	<i>% Test</i>	<i># of Items</i>
<b>Domain 4 – Investigation, Compliance, and Enforcement</b>	<b>4.38</b>	<b>3.94</b>	<b>4.03</b>	<b>--</b>	<b>20.95%</b>	<b>31</b>
4.1 Monitor and assess compliance with state and federal laws and regulations related to privacy and security to update organizational practices, policies, procedures and training of staff members.	4.43	3.90	4.14			
4.2 Coordinate the organization’s response to inquiries and investigations from external entities relating to privacy and security to provide response consistent with organizational policies and procedures.	4.26	3.76	3.59			
4.3 Establish performance indicators, triggers, and alerts. Develop performance measures and reports to improve organizational performance and report to appropriate organizational body.	3.74	3.15	3.27			
4.4 Enforce privacy and security policies, procedures, and guidelines to facilitate compliance with federal, state, and other regulatory or accrediting bodies.	4.45	3.92	4.18			
4.5 Monitor appropriate access to protected/identifiable health information.	4.38	4.04	4.17			
4.6 Establish an incident/complaint investigation response and resolution process for privacy and security incidents.	4.30	3.85	3.75			

<i>Domain/Task</i>	<i>I</i>	<i>C</i>	<i>F</i>	<i>% Domain</i>	<i>% Test</i>	<i># of Items</i>
<b>Domain 5 – Customer/Client/Patient Services</b>	<b>4.00</b>	<b>3.30</b>	<b>3.67</b>	<b>--</b>	<b>19.31%</b>	<b>29</b>
5.1 Establish and maintain an operational system to distribute the organization’s Notice of Privacy Practices and collect the acknowledgement of receipt among individuals who are the subjects of individually identifiable health information.	4.02	3.18	3.71			
5.2 Inform the individual who is the subject of individually identifiable health information of their information privacy rights related to the use and disclosure of protected information.	3.98	3.24	3.64			
5.3 Establish and maintain an operational system to receive, process, and document requests for: Amendments, Access to PHI, Accounting of disclosures, Alternate means of communication, Restrictions, Complaints.	4.15	3.51	3.80			
5.4 Develop and implement communication tools, as appropriate for the organization, to keep individuals informed on the organization’s commitment to information privacy and security, their individual rights, and services based on their individual rights.	3.88	3.14	3.57			



## **SUMMARY**

### **Summary**

The process of developing this Job/Task Analysis relied on the efforts of a number of participants in order to comprehensively examine content areas with the goal of providing a resource for developing test materials related to the following professional certification:

#### **Certified Coding Assistant**

Participants complied with established professional standards while developing the Job/Task Analysis in order to maintain a comprehensive approach to the development process. Subject-matter experts helped develop a survey that was distributed to professional practitioners, and a number of project facilitators relied on data generated by these activities to develop this document as well as the test blueprint. The nature of this thorough approach ensures that this resource adequately addresses the key content areas required in testing qualifications for professional certification.

Upon completion and acceptance of the Job/Task Analysis, the test blueprint should not be changed without conducting another JTA Study. In particular, the domains and tasks and the assigned percentages should not be modified once accepted and approved. While the associated knowledge and skills statements can be expanded, if needed, the modification should not change the percentage values for the domains and tasks.

NCCA standards state that role delineations should be current and updated as needed. The frequency varies per profession, with some professions with rapid changes to process or technology needing updates annually. As a minimum, it is advisable that at a minimum, the job analysis be revisited every five years to assess any changes to the relevance of the duties and requirements.

## **APPENDIX A**

### **Performance Domains / Knowledge and Task Statements**

#### **Classification Systems**

1. Interpret healthcare data for code assignment
2. Incorporate clinical vocabularies and terminologies used in health information systems
3. Abstract pertinent information from medical records
4. Consult reference materials to facilitate code assignment
5. Apply coding guidelines
  - a. Apply inpatient coding guidelines
  - b. Apply outpatient coding guidelines
  - c. Apply physician coding guidelines
6. Assign codes
  - a. Assign inpatient codes
  - b. Assign outpatient codes
  - c. Assign physician codes
7. Sequence codes according to healthcare setting

#### **Reimbursement Methodologies**

1. Sequence codes for optimal reimbursement
2. Link diagnoses and CPT codes according to payer specific guidelines
3. Assign correct diagnosis related group (DRG)
4. Assign correct ambulatory payment classification (APC)
5. Evaluate NCCI (National Correct Coding Initiative) edits
6. Reconcile NCCI edits
7. Validate medical necessity using LCD (local coverage determinations) and NCD national coverage determinations)
8. Submit claim forms
9. Communicate with financial departments
10. Claim denials
  - a. Evaluate claim denials
  - b. Respond to claim denials
  - c. Re-submit denied claim to the payer source
11. Communicate with the physician to clarify documentation

## **Health Records and Data Content**

1. Retrieve medical records
2. Assemble medical records according to healthcare setting
3. Analyze medical records
  - a. Analyze medical records quantitatively for completeness
  - b. Analyze medical records qualitatively for deficiencies
4. Perform data abstraction
5. Request patient-specific documentation from other sources (for example, ancillary departments, physician's office, etc.)
6. Retrieve patient information from master patient index
7. Educate providers in regards to health data standards
8. Generate reports for data analysis

## **Compliance**

1. Identify discrepancies between coded data and supporting documentation
2. Validate that codes assigned by provider or electronic systems are supported by proper documentation
3. Perform ethical coding
4. Clarify documentation through physician query
5. Research latest coding changes
6. Implement latest coding changes
7. Update fee/charge ticket based on latest coding changes
8. Educate providers on compliant coding
9. Perform physician coding audit
10. Assist in preparing the organization for accreditation, licensing, and/or certification surveys
11. Assist in preparing the organization for external audits

## **Information Technology**

1. Navigate throughout the electronic health record (EHR)
2. Utilize encoding and grouping software
3. Utilize practice management and HIM (Health Information Management) systems
4. Utilize CAC (computer assisted coding) software that automatically assigns codes based on electronic text
5. Validate the codes assigned by computer assisted coding software
6. Determine parameters to generate reports
7. Create forms within EHR system
8. Design templates within EHR system for healthcare providers in order to assist in documenting clinical information
9. Scan documents into EHR system

## **Confidentiality & Privacy**

1. Ensure patient confidentiality
2. Educate healthcare staff on privacy and confidentiality issues
3. Recognize and report privacy issues/violations
4. Maintain a secure work environment
5. Utilize pass codes
6. Access only minimal necessary documents/information
7. Release patient-specific data to authorized individuals
8. Protect electronic documents through encryption
9. Transfer electronic documents through secure sites
10. Retain confidential records appropriately
11. Destroy confidential records appropriately

## APPENDIX B

### **Certified Coding Associate (CCA) – Specifications for Volunteer Subject Matter Experts**

The preliminary composition of the task force should include:

1. Subject Matter Experts (SMEs) who are CCAs and serving in the roles of:
  - a. Employee/Practitioner
2. Subject Matter Experts (SMEs) who are AHIMA credentialed (i.e., RHIA, RHIT, CCS, CCS-P) and serving in the roles of:
  - a. Employers – those that
    - i. Directly hire individuals that work in this role
    - ii. Influence the hiring of individuals that work in this role
  - b. Consultants/Trainers
  - c. Academicians
3. SMEs that work in the following environments (see roles and settings study conducted by BD for reference):
  - a. Hospitals, physician offices and clinics, and skilled nursing facilities
  - b. Educational Institutions (AHIMA approved coding programs)
  - c. Government agencies
  - d. HIM vendors/Technology companies
  - e. Insurance companies and HMOs
  - f. Consulting firms
4. One representative from the Commission on Certification for Health Informatics and Information Management (CCHIIM)
5. Other Requirements
  - a. Demographics
    - i. Age – please choose an appropriate range of those with extensive experience and those who are relatively new to the role.
    - ii. Gender – please make every effort to have appropriate representation
    - iii. Ethnicity – please make every effort to have appropriate representation
  - b. Geographic Representation – please make every effort to have appropriate representation
  - c. Size of Work Environment – please make every effort to have appropriate representation

The size of the task force is:      12

The time commitment of the task force will be approximately:

- 1-2 pre-meeting conference calls, 1.5-2 hours each
- One, 2 day in-person meeting in Chicago (May 20-21, 2010)
- 1-2 post-meeting conference calls, 1.5-2 hours each