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

Candidate Guide

RHIA® RHIT® CCA® CCS® CCS-P® CHDA® CHPS® CDIP®

AHIMA

Updated August 4, 2020

CONTACT INFORMATION

AHIMA

Customer Relations	Phone: (800) 335-5535
	Fax: (312) 233-1500

Submit Exam Applications and Fees: Certification examinations must be completed and purchased online through your my.ahima.org account. Please visit the direct link below.
https://my.ahima.org/certification/getcertified

Submit Official Associate, Bachelor, or Master HIM Transcript:

Candidates submitting official transcripts from a CAHIIM-accredited program, please mail official transcripts (unopened/sealed in a school envelope) separately to:
AHIMA
Attn: Certification Transcripts
233 N. Michigan Ave., 21st Fl.
Chicago, IL 60601

Official transcripts must contain the degree along with the conferred/awarded graduation date. Transcripts sent via USPS mail in an opened official school envelope are considered unofficial and will not be processed.

Appeals and Ethics Complaints:

Commission on Certification Appeals
AHIMA
233 N. Michigan Ave., 21st Fl.
Chicago, IL 60601

Pearson VUE Exam Scheduling: (888) 524-4622

TABLE OF CONTENTS

ABOUT THE CANDIDATE GUIDE

Introduction

Congratulations on your decision to earn an American Health Information Management Association (AHIMA) credential. We commend your commitment to your career and the health informatics and information management (HIIM) profession.

This guide includes information about:

- Eligibility qualifications
- Guidelines for applying for and scheduling the examination
- What to expect at the test center
- What to expect after completing the examination

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

Purpose

CCHIIM serves the public by establishing, implementing, and enforcing standards and procedures for certification and recertification of HIIM professionals.

CCHIIM Mission

Through certification, the CCHIIM ensures the competency of professionals practicing health informatics and information management (HIIM) worldwide.

CCHIIM Vision

Professional excellence in health informatics and information (HIIM) through certification.

CCHIIM Values

- The application of evidence-based best practices for certification;
- The validation of workforce competence through professional certification;
- The commitment to ongoing professional development, lifelong learning, and workforce excellence; and
- The recognition of CCHIIM-certified professionals' role in maintaining and enhancing quality health information for the safety of the public and the improvement of healthcare

CCHIIM Exam Development Process: An Overview for Stakeholders

AHIMA/CCHIIM certification exams are valid, reliable, and legally defensible assessment instruments that measure the competency of potential certificants against a codified and relevant body of HIIM competencies (also referred to as knowledge, skills, and abilities). The subject matter (also referred to as a body of knowledge, or BoK for short) represented by these competencies is further segmented across specific roles and disciplines throughout the HIIM profession as a whole by the requisite levels of depth, breadth, and experiences necessary for successful job performance, as exemplified by each respective AHIMA certification.

About CCHIIM Exam Development Committees (EDC)

CCHIIM EDCs are composed of experienced, credential-specific subject matter experts, representing HIIM leaders, practitioners, and other relevant stakeholders. EDCs are responsible for the specific oversight and performance of their respective credential's certification examination. EDC responsibilities are codified in the CCHIIM operating code and typically include recurring review of content relevancy, both item-level and examination-level performance data and expertise with respect to establishing the cut score for their respective certification examinations.

Job Analysis

The job analysis process ensures quality control of the relevancy, currency, and validity of the competencies assessed by each certification examination. CCHIIM plans for and conducts comprehensive job analyses according to the rate and amount of changes taking place within a given certification examination. Consistent with best practices, the task of job analysis is overseen by a diverse and representative sample of stakeholders, including recently certified professionals and employers/supervisors. These stakeholders assess the criticality of current workplace practices, skills, tasks, and responsibilities, with respect to the importance and frequency of performance. The results of the job analysis influence to what extent the competencies are revised for each certification examination.

Examination Blueprints and Specifications

The job analysis serves as the foundation for the examination blueprint. First, the individual competencies are grouped into domains that represent specific and similar areas of content. Next, the percentage weighting of each content domain is determined, in part, through the individual competency statement criticality scores, considered collectively, within each domain. This weighting of domains relative to one another allows the EDCs to determine how much, or to what extent, each domain is assessed (both by the number and difficulty of test items), relative to the other domains. For example, domains with competencies with higher criticality scores (that is more important and/or more frequently

performed) typically represent a larger percentage of test items than those domains with lower criticality scores for their respective competencies.

The examination specifications are typically established or revised at the same time as the development of the examination blueprint. The specifications usually include the total number of test items (both scored and non-scored), test item type(s), such as multiple-choice or other, total test duration, and scoring methodology.

For additional information on CCHIIM, please visit ahima.org/certification/cchiim.

About AHIMA

AHIMA is a professional association composed of 52 component state associations and more than 103,000 health information professionals who work in various healthcare settings. Since 1932, AHIMA has certified HIIM professionals through its rigorous testing standard.

AHIMA currently sponsors the following certification examinations:

Registered Health Information Administrator (RHIA)

Registered Health Information Technician (RHIT)

Certified Coding Associate (CCA)

Certified Coding Specialist (CCS)

Certified Coding Specialist—Physician-based (CCS-P)

Certified Health Data Analyst (CHDA)

Certified in Healthcare Privacy and Security (CHPS)

Certified Documentation Improvement Practitioner (CDIP)

VALUE OF CERTIFICATION

AHIMA-Certified Professionals Deliver the Results Your Organization Needs

Setting the standard since 1932 as the leader in HIIM certification

The AHIMA Commission on Certification is nationally recognized as the most respected HIIM credentialing agency. AHIMA certifications provide validation of professional competency to employers. Healthcare quality, financial performance, and operational efficiency are strengthened by hiring AHIMA-credentialed professionals.

Professional Certification through AHIMA

Excellence in Operations and Healthcare Delivery

AHIMA establishes professional standards of excellence. Credentials are issued in HIIM, compliance and data quality, coding, privacy and security, and health data analysis, responding to the demands of the rapidly changing healthcare environment.

Dedication Required, Competency Ensured

Credentials are earned through a combination of education, experience, and performance on certification exams. Following initial certification, credentials must be maintained through rigorous continuing education, ensuring the highest level of competency for employers and consumers.

Certified for Success

Organizations that employ credentialed HIIM professionals can expect the highest levels of competency. The ability to adhere to industry standards and regulations is demonstrated through attaining credentials. Certified professionals are leaders in healthcare, displaying a commitment to the industry, their colleagues, and consumers.

Leverage the Benefits and Anticipate Results

Credentialed professionals offer employers a broad range of benefits that can be leveraged for immediate application to HIIM and other operations functions. Because they have pursued certification, credentialed professionals are ready to apply their skills and require less training than noncredentialed peers. Their expertise reduces exposure to fraud and abuse charges through precise, ethical management of health information. The accuracy of health data is increased, making it more meaningful and positively affecting the revenue cycle.

These key factors influence the success of healthcare organizations through improved delivery of quality healthcare and enhanced operational efficiency, producing results that impact the bottom line.

ABOUT CERTIFICATION

Certification is a means for showing that a certified professional possesses the knowledge and skills necessary for optimal performance of his or her job. Through credentialing, the practitioner's employer, peers, and the public are reassured the certified individual is both competent and well-informed in the daily and accurate administration of his or her professional duties. Certain professions (for example, doctors, lawyers, technicians, and others) require that the individuals performing their duties be certified, owing to legal or safety reasons or high professional standards. Whatever the reason, credentialing makes a professional a likelier candidate for gainful employment and career advancement.

The NCCA's definition of continuing competence is, "demonstrating specified levels of knowledge, skills, or ability not only at the time of initial certification but throughout an individual's professional career."

Other benefits include:

- Credentialed professionals receive better compensation from their employers
- Employers know they've hired productive and knowledgeable individuals
- Certification marks a professional as an exceptional individual in his or her field
- Greater chance for advancement in one's chosen career
- Certification gives greater insight on potential employees during the hiring process
- Consumers are protected from the threat of incompetent or unfit practitioners
- A certified professional's work reflects the best practices and high professional standards of his or her field

ABOUT AHIMA CREDENTIALS

Registered Health Information Administrator (RHIA)

Working as a critical link between care providers, payers, and patients, the RHIA is an expert in managing patient health information and medical records, administering computer information systems, collecting and analyzing patient data, and using classification systems and medical terminologies. Underlying this expertise is a comprehensive knowledge of medical, administrative, ethical, and legal requirements and standards related to healthcare delivery and the privacy of protected patient information. RHIAs often manage people and operational units, participate in administrative committees, and prepare budgets. RHIAs interact with all levels of an organization—clinical, financial, administrative, and information systems—that employ patient data in decision making and everyday operations.

Job opportunities for RHIAs exist in a multitude of settings throughout the healthcare industry. These include the continuum of care delivery organizations, including hospitals, multi-specialty clinics and physician practices, long-term care, mental health, and other ambulatory care settings. The profession has seen significant expansion in non-patient care settings, with careers in managed care and insurance companies, software vendors, consulting services, government agencies, education, and pharmaceutical companies.

Eligibility Requirements

RHIA applicants must meet one of the following eligibility requirements:

- Successfully complete the academic requirements at the baccalaureate level of an HIM program accredited by the Commission on Accreditation of Health Informatics and Information Management Education (CAHIIM)[1]

OR

- Successfully complete the academic requirements, at the master's level, of an HIM program accredited by CAHIIM and following a specific set of criteria

OR

- Graduate from an HIM program approved by a foreign association with which AHIMA has a reciprocity agreement[2]

OR

- Be an RHIT who meets the Proviso conditions approved by the 2017 Commission on Certification for Health Informatics and Information Management (CCHIIM)[3]

---

1. Students in CAHIIM-accredited programs for RHIA, enrolled in their final term of study, are now eligible to apply for and take their respective certification exam early. Eligible students include the following:
   - Students currently enrolled and in their last term of study
   - Students who have completed their coursework but have not yet graduated
   - Graduates currently waiting for their official transcripts

2. AHIMA and the Canadian Health Information Management Association (CHIMA); Korean Medical Record Association (KMRA); and Health Information Management Association of Australia (HIMAA) shall permit a graduate of a program in HIM at the baccalaureate degree level to apply to write the appropriate certification examination consistent with the academic level achieved and given independently by the aforementioned associations. The graduate must meet the educational competencies for certification as a technician or administrator established by the association to which the application is made.

3. Registered Health Information Technicians (RHIT) who meet the following eligibility requirements will be eligible to sit for the RHIA examination during the timeframe of July 1, 2017 through 2021:
   - Have at least a baccalaureate degree from a regionally accredited institution or nationally recognized accreditor; and
   - Have received their RHIT credential on or before December 31, 2018; and
   - Have complied with the Standards for Maintenance of the RHIT credential.
   - RHIA only offered in the United States.

The academic qualifications of each candidate will be verified before a candidate is deemed eligible to take the examination. All first-time applicants must submit an official transcript from their college or university.[1]

Registered Health Information Technician (RHIT)

Professionals holding the RHIT credential are health information technicians who ensure the quality of medical records by verifying their completeness, accuracy, and proper entry into computer systems. They may also use computer applications to assemble and analyze patient data for the purpose of improving patient care or controlling costs. RHITs often specialize in coding diagnoses and procedures in patient records for reimbursement and research. An additional role for RHITs is cancer registrars—compiling and maintaining data on cancer patients. With experience, the RHIT credential holds solid potential for advancement to management positions, especially when combined with a bachelor's degree. Although most RHITs work in hospitals, they are also found in other healthcare settings including office-based physician practices, nursing homes, home health agencies, mental health facilities, and public health agencies. In fact, employment opportunities exist for RHITs in any organization that uses patient data or health information, such as pharmaceutical companies, law and insurance firms, and health product vendors.

Eligibility Requirements

RHIT applicants must meet one of the following eligibility requirements:

- Successfully complete the academic requirements at an associate's degree level of an HIM program accredited by the Commission on Accreditation of Health Informatics and Information Management Education (CAHIIM)[1]

OR

- Graduate from an HIM program approved by a foreign association with which AHIMA has a reciprocity agreement[2]

The academic qualifications of each candidate will be verified before a candidate is deemed eligible to take the examination. All first-time applicants must submit an official transcript from their college or university.

Students interested in obtaining a Post-Baccalaureate Certificate, a Certificate of Completion, or Transfer of Credits information must contact the CAHIIM-accredited program in which they wish to enroll regarding their institutional policies. Please visit the program directory website at cahiim.org/accredpgms.asp to access the list of CAHIIM-accredited programs.

Certified Coding Associate (CCA)

The CCA credential distinguishes coders by exhibiting commitment and demonstrating coding competencies across all settings, including both hospitals and physician practices. Becoming a CCA positions you as a leader in an exciting and growing market. CCAs also:

- Exhibit a level of commitment, competency, and professional capability that attracts employers
- Demonstrate a commitment to the coding profession
- Distinguish themselves from noncredentialed coders and those holding credentials from organizations less demanding of the higher level of expertise required to earn AHIMA certification

Based upon job analysis standards and state-of-the-art test construction, the CCA designation has been a nationally accepted standard of achievement since 2002. More than 8,000 people have attained the certification since its inception. The CCA is the only HIIM credential worldwide currently accredited by the National Commission for Certifying Agencies (NCCA).

Eligibility Requirements

- High school diploma or equivalent

Training and Recommendations:

- Six months coding experience directly applying codes;

OR

- Completion of an AHIMA-approved coding program (PCAP Program);

OR

- Completion of other coding training program to include anatomy and physiology, medical terminology, Basic ICD diagnostic/procedural and Basic CPT coding

---

1. Students in CAHIIM-accredited programs for RHIT, enrolled in their final term of study, are now eligible to apply for and take their respective certification exam early. Eligible students include the following:
   - Students currently enrolled and in their last term of study
   - Students who have completed their coursework but have not yet graduated
   - Graduates currently waiting for their official transcripts
   - RHIT only offered in the United States.

2. AHIMA and the Canadian Health Information Management Association (CHIMA) shall permit a graduate of a program in HIM at the associate level to apply to write the appropriate certification examination consistent with the academic level achieved and given independently by the two associations. The graduate must meet the educational competencies for certification as a technician or administrator established by the association to which the application is made.

Certified Coding Specialist (CCS)

CCSs are professionals skilled in classifying medical data from patient records, generally in the hospital setting. These coding practitioners review patients' records and assign numeric codes for each diagnosis and procedure. To perform this task, they must possess expertise in the ICD-10-CM and CPT coding systems. In addition, the CCS is knowledgeable in medical terminology, disease processes, and pharmacology. Hospitals and medical providers report coded data to insurance companies or to the government in the case of Medicare and Medicaid recipients for reimbursement of expenses.

Researchers and public health officials also use coded medical data to monitor patterns and explore new interventions. Coding accuracy is thus highly important to healthcare organizations because of its impact on revenues and describing health outcomes, and in fact, certification is becoming an implicit industry standard. Accordingly, the CCS credential demonstrates tested data quality and integrity skills in a coding practitioner. The CCS certification exam assesses mastery proficiency in coding rather than entry-level skills. Professionals experienced in coding inpatient and outpatient records should consider obtaining this certification.

Certified Coding Specialist— Physician-based (CCS-P)

The CCS-P is a coding practitioner with expertise in physician-based settings such as physician offices, group practices, multi-specialty clinics, and specialty centers. He or she reviews patients' records and assigns numeric codes for each diagnosis and procedure. To perform this task, the individual must possess in-depth knowledge of the CPT coding system and familiarity with the ICD-10-CM and HCPCS Level II coding systems. The CCS-P is also an expert in health information documentation, data integrity, and quality. Because patients' coded data is submitted to insurance companies or the government for expense reimbursement, the CCS-P plays a critical role in the health provider's business operation. With the growth of managed care and the movement of health services delivery beyond the hospital, the employment outlook for this coding specialty looks highly favorable. The CCS-P certification exam assesses mastery-level proficiency incoding rather than entry-level skills. Professionals performing coding in a doctor's office, clinic, or similar setting should consider obtaining the CCS-P certification to attest to their capabilities.

CCS Eligibility Requirements

Candidates must meet one of the following eligibility requirements:

- By Credential: RHIA, RHIT, or CCS-P;

OR

- By Education: Complete courses in all the following topics: anatomy & physiology, pathophysiology, pharmacology, medical terminology, reimbursement methodology, intermediate/advanced ICD diagnostic coding, and procedural coding and medical services (CPT/HCPCS) plus one (1) year of coding experience directly applying codes;

OR

- By Experience: Minimum of two (2) years of related coding experience directly applying codes;

OR

- By Credential with Experience: CCA plus one (1) year of coding experience directly applying codes;

OR

- Other: Coding credential from other certifying organization plus one (1) year coding experience directly applying codes.

- Offered to Domestic and Global for use with medical

CCS-P Eligibility Requirements

Candidates must meet one of the following eligibility requirements:

- By Credential: RHIA, RHIT, or CCS;

OR

- By Education: Complete courses in all the following topics: anatomy & physiology, pathophysiology, pharmacology, medical terminology, reimbursement methodology, intermediate/advanced ICD diagnostic coding, and procedural coding and medical services (CPT®/HCPCS) plus one (1) year of coding experience directly applying codes;

OR

- By Experience: Minimum of two (2) years of related coding experience directly applying codes;

OR

- By Credential with Experience: CCA plus one (1) year of coding experience directly applying codes;

OR

- Other: Coding credential from other certifying organization plus one (1) year coding experience directly applying codes.

- Offered to Domestic and Global for use with medical information.

Certified Health Data Analyst (CHDA)

Individuals who earn the CHDA designation will achieve recognition of their expertise in health data analysis and validation of their mastery of this domain. This prestigious certification provides practitioners with the knowledge to acquire, manage, analyze, interpret, and transform data into accurate, consistent, and timely information, while balancing the "big picture" strategic vision with day-to-day details. CHDA-certified professionals will exhibit broad organizational knowledge and the ability to communicate with individuals and groups at multiple levels, both internal and external.

Eligibility Requirements

Effective February 1, 2016, candidates must meet one of the following eligibility requirements for the Certified Health Data Analyst examination:

- Healthcare information management credential (RHIT®) and minimum of three (3) years of healthcare data experience
- Baccalaureate degree and a minimum of three (3) years of healthcare data experience
- Healthcare information management credential (RHIA®)
- Master's in Health Information Management (HIM) or Health Informatics from an accredited school
- Master's or higher degree and one (1) year of healthcare data experience

Certified in Healthcare Privacy and Security (CHPS)

The CHPS credential denotes competence in designing, implementing, and administering comprehensive privacy and security protection programs in all types of healthcare organizations. Becoming certified in healthcare privacy and security demonstrates a choice to focus and advance by specializing in privacy and security dimensions of HIIM.

Being distinguished with this special expertise signifies a commitment to advancing privacy and security management practices and lifelong learning and professional development.

Eligibility Requirements

CHPS applicants must meet one of the following eligibility requirements for the CHPS examination:

- Associate's degree and six (6) years experience in healthcare privacy or security management
- Healthcare information management credential (RHIT) and minimum of four (4) years of experience in healthcare data experience
- Baccalaureate degree and a minimum of four (4) years experience in healthcare privacy or security management
- Healthcare information management credential (RHIA) and minimum of two (2) years of experience in healthcare privacy or security management
- Master's or related degree (JD, MD, or PhD) and two (2) years of experience in healthcare privacy or security management

Certified Documentation Improvement Practitioner (CDIP)

The CDIP certification will confirm the commitment of AHIMA to globally improve and maintain quality information for those involved in healthcare and support the integrity of the patient's health record.

The certification will distinguish those professionals serving as clinical documentation specialists as knowledgeable and competent to provide guidance relative to clinical documentation in the patient's health record, thus promoting the HIM profession overall.

Eligibility Requirements

- An RHIA, RHIT, CCS, CCS-P, RN, MD, or DO and two (2) years experience in clinical documentation improvement
- An associate's degree or higher and three (3) years of experience in clinical documentation improvement (candidates must also have completed coursework in Medical Terminology and Anatomy and Physiology)

AHIMA's Commission on Certification reserves the right to verify the information supplied by, or on behalf of, a candidate. If selected for an audit, the candidate may be asked to submit additional documentation supporting eligibility.

Taking the certification examination is voluntary. AHIMA strictly adheres to the eligibility requirements for certification. It is the responsibility of the candidate to comply with all procedures and deadlines in order to establish eligibility for the examination. For questions about eligibility, please contact:

Attn: Certification Department
AHIMA
233 N. Michigan Ave., 21st Fl.
Chicago, IL 60601
Telephone: (800) 335-5535
Web: ahima.org/contact

Applying for the Exam—Submitting an Application

Before submitting an application, carefully review the information contained in this guide. It is the candidate's responsibility to ensure eligibility before submitting the application. Applicants who are determined to be ineligible, and submit an ineligible application or request withdrawal of their application, will receive a refund of the application fee minus a $75 processing fee.

All applications will be submitted online via https://my.ahima.org/certification/getcertified

- Ensure the name on the application matches the name on the identification (ID) to be used for admission to the test center (see section on Identification Requirements, p 12)
- Include the education program code (EPC) on the application (for RHIT and RHIT applicants only)
- Submit verification of eligibility, if applicable. (Official transcript for RHIA and RHIT only)
- Application Fees are listed online. The applicant will be prompted to make the payment through the portal.

Any additional documentation may be scanned to certification@ahima.org

Nondiscrimination Policy

AHIMA and Pearson VUE do not discriminate against any candidate on the basis of race, color, creed, age, gender, national origin, religion, disability, marital status, parental status, ancestry, sexual orientation, military discharge status, or source of income. All examination applicants will be judged solely on the criteria established by the Commission on Certification.

Submitting Official Transcripts

- **Electronically:**
  If this option is available through your school, please contact your school for vendor information. Transcripts must be received directly from the vendor (i.e. national student clearinghouse, parchment, etc.) and sent electronically to: certificationtranscripts@ahima.org
  Official transcripts must contain the degree along with the conferred/awarded graduation date.
  Official transcripts sent electronically from the candidate/registrar are considered unofficial and will not be processed.

OR

- **Mail:**
  Candidates submitting official transcripts from a CAHIIM-accredited program, please mail official transcripts (unopened/sealed in a school envelope) separately to:
      AHIMA
      Attn: Certification Transcripts
      233 N. Michigan Ave., 21st Fl.
      Chicago, IL 60601

Official transcripts must contain the degree along with the conferred/awarded graduation date.

Transcripts sent by USPS mail in an opened official school envelope is considered unofficial and will not be processed.

Official Transcript Estimated Processing Time Frame

Official transcripts estimated processing time frame can take up to four weeks.

Official transcripts sent by Fed Ex/UPS with overnight shipping are processed within 48 business hours from the date they are received."

Incomplete Applications

An application may be considered incomplete for the following reasons:

- Insufficient fee included, declined credit card
- Missing official transcript
- Missing Request for Accommodations form and documentation form (if applicable)

The NSF fee and the total amount due must be submitted to AHIMA online to cover any declined transactions.

Once an application is complete, the application will be processed and Pearson VUE will send an Authorization to Test (ATT) letter.

Independent Testing Agency

Pearson VUE has been contracted by AHIMA to help administer AHIMA's certification examinations in the United States and internationally. Pearson VUE delivers millions of high-stakes tests every year across the globe for clients in the licensure, certification, academic admissions, regulatory, and government testing service markets. It boasts the world's leading test center network, with more than 5,000 test centers in 165 countries, 230 of which are fully owned and operated Pearson Professional Centers. Pearson Professional Centers utilize a patent-winning design, which was created specifically for high-stakes testing and offers a carefully controlled, consistent testing environment.

For more information about Pearson VUE, please visit pearsonvue.com/ahima.

What is a Beta Exam?

A beta exam is a new version of a certification exam consisting of new questions that have not yet undergone psychometric analysis for validity and reliability. The purpose of beta testing is to evaluate new exam questions by having them answered by actual credential candidates. A new exam goes through the beta process before the exam is launched for the first time. This is one of the last steps during an exam development process. Data gathered and analyzed during the beta period is used to select the best exam questions, and to eliminate questions that are vague, too difficult, or not useful in evaluating a candidate's HIM knowledge. During the beta period, you will not receive immediate results upon completion of your exam. There is a waiting period (typically up to 24 weeks from the start of the beta period) after which results are provided to test takers.

TEST TAKERS' RIGHTS AND RESPONSIBILITIES

As a test taker, you have the right to:

- Be informed of your rights and responsibilities as a test taker

- Be treated with courtesy, respect, and impartiality, regardless of your age, disability, ethnicity, gender, national origin, religion, sexual orientation, or other personal characteristics

- Be tested with measures that meet professional standards and are appropriate, given the manner in which the test results will be used

- Receive a written explanation prior to testing about the purpose(s) for testing, the kind(s) of tests to be used, if the results will be reported to you or to others, and the planned use(s) of the results. If you have a disability, you have the right to inquire and receive information about testing accommodations

- Know in advance of testing when the test will be administered, if and when test results will be available to you, and if you are expected to pay a fee for testing services

- Have your test administered and your test results interpreted by appropriately trained individuals who follow a professional code of ethics

- Know the consequences of taking or not taking the test, fully completing the test, or canceling the scores. You may need to ask questions to learn these consequences

- Receive a written explanation of your test results within a reasonable amount of time after testing and in commonly understood terms

- Have your test results kept confidential to the extent allowed by law

- Present concerns about the testing process or your results, and receive information about procedures that will be used to address such concerns

As a test taker, you have the responsibility to:

- Read or listen to your rights and responsibilities as a test taker.

- Treat others with courtesy and respect during the testing process

- Ask questions prior to testing if you are uncertain about why the test is being given, how it will be given, what you will be asked to do, and what will be done with the results

- Read or listen to descriptive information in advance of testing and listen carefully to all test instructions. You should inform AHIMA before scheduling your test if you wish to receive a testing accommodation or if you have a physical condition or illness that may interfere with your performance on the test

- Know when and where the test will be given, pay for the test if required, appear on time with any required materials (for example, valid identification and codebooks, if allowed), and be ready to be tested

- Follow the test instructions you are given and represent yourself honestly during the testing

- Be familiar with and accept the consequences of not taking the test, should you choose not to take the test

- Inform appropriate person(s) (as specified to you by the organization responsible for testing) if you believe that testing conditions affected your results

- Ask about the confidentiality of your test results, if this aspect concerns you

- Present concerns, if you have any, about the testing process or results immediately after the test

Adopted from the American Psychological Association Test Takers' Rights and Responsibilities

AHIMA EXAM APPLICATION CHECKLIST

Candidates must ensure that all items on this checklist are completed in order for their exam to be processed:

❑ Read the Candidate Guide

❑ Make sure the first and last name provided on the application matches the name on the primary Identification

❑ Confirm meeting eligibility criteria

❑ Include credit card

❑ Complete special accommodations form (American with Disabilities Act), if applicable

For RHIA and RHIT candidates only:

❑ For Early Testing candidates: Include completed application for early testing with exam application

❑ For Certificate of Degree candidates: Send in verification letter from Program Director with exam application

❑ For all other candidates: Send in official (sealed) transcripts separately to:

Electronic (if this option is available, vendor information is provided by your school:

CertificationTranscripts@ahima.org

OR

Paper:

Certification Transcripts

233 N. Michigan Ave., 21st Fl.

Chicago, IL 60601

Confidentiality Procedures

AHIMA and Pearson VUE have adopted policies and procedures to protect the confidentiality of examination candidates.

AHIMA and Pearson VUE staff members will not discuss pending examination applications with anyone but the candidate) and will not report scores by telephone, e-mail, or fax.

AHIMA and Pearson VUE will not release exam results to

SCHEDULING THE EXAMINATION

Authorization to Test (ATT) Letters

After eligibility for the examination is approved, Pearson VUE will send the candidate an Authorization to Test (ATT) letter by e-mail for those candidates with a valid e-mail address (see Appendix B). Candidates with an approved application will receive the ATT letter within five (5) business days. The ATT letter contains an authorization number, the eligibility period for testing, and instructions for scheduling an appointment. Candidates may only schedule their appointment within their eligibility window, which is 120 days. The eligibility start date and end date are provided in the ATT letter. Candidates who are not approved will be contacted by AHIMA by e-mail. Once your exam is approved it is expected you are ready to take your exam. The 120 eligibility window is put in place to allow you to schedule your exam at a testing center of your choice. We do not recommend using this time to prepare for the exam.

Scheduling an Appointment to Test

The testing appointment should be scheduled soon after receiving the ATT letter. Scheduling an appointment early in the eligibility period increases the likelihood that the candidate can sit for the exam at his or her optimal date and time. Space at the Pearson VUE testing centers is limited and the availability of a testing "seat" is not guaranteed. Therefore, candidates who schedule their exams in the latter part of their eligibility period run the risk of not sitting for the exam and forfeiting the exam fee.

Before scheduling a testing appointment, be sure the name on the eligibility letter is identical to the name on all forms of identification being used. In the event of any errors or a name change, please submit your request in writing to info@ahima. org. If you schedule an exam with the incorrect name, you must

submit a name change request to AHIMA within 7 business days prior to your scheduled exam. If this is done outside of the 7 business days, your exam will be fortified and AHIMA is not responsible. Be sure to include your AHIMA ID#/e-mail address and a copy of your driver's license, state ID, etc..

For fast and easy scheduling, testing appointments may be scheduled by logging in at pearsonvue.com/ahima. You may also call Pearson VUE's customer service number at (888) 5AHIMA2 (524-4622) (wait time may vary depending on candidate volume). When scheduling an exam, candidates should be prepared to provide the authorization number located in the ATT letter. After the exam is scheduled, candidates will receive information about the time and date of the exam, and a confirmation number. Candidates should keep a copy of this information for future reference.

Directions to the testing center may be obtained by logging on to pearsonvue.com. ATT letters are not required at the testing center.

Test Centers

Test centers are available throughout the United States and internationally. A complete listing of test center locations in the US, including addresses and driving directions may be found on Pearson VUE's website: www.pearsonvue.com/ahima.

Before the day of the examination, please be sure the address and directions to the test center are correct. If a candidate goes to the wrong test center on the day of the examination and cannot test, their exam fee will be forfeited and candidate must reapply and re-submit another application and fee.

There are test rules that each candidate must agree to follow prior to exam entrance. See Appendix C for the professional regulatory candidate rules agreement.

APPOINTMENT CHANGES

Policy on Cancelling or Rescheduling

AHIMA's policies about changing a testing appointment are as follows:

- Candidates may cancel and reschedule the examination up to 15 business days prior to the scheduled examination date at no charge

- Any candidate who reschedules or cancels his or her appointment 14 days prior to the exam date will be charged a penalty of $30 by Pearson VUE. Rescheduling and payment must be completed using a valid credit card through pearsonvue.com/ahima or by calling the Pearson VUE Call Center at (888) 524-4622

- Candidates may not reschedule the examination less than 24 hours prior to the examination appointment

- Candidates failing to appear for the scheduled appointment or who are over 15 minutes late will not be allowed to test and will be considered a no-show and the exam will be forfeited. A new application and the full application fee must be submitted in order to test

Deadline	Rescheduling Fee
Up to 15 business days before exam date	No charge
14 business days prior to exam date	$30

Refund Policy

Candidates can request a refund for their exam application up to fourteen (14) business days prior to their scheduled test date or eligibility end date.

All appointments must be canceled through Pearson VUE prior to the request for a refund.

There is a $75 processing fee for all refund requests. Refunds will be credited back to the card that was used for payment. If payment was made with a check; a check will be issued and sent to the mailing address on file.

Please allow two to four weeks for processing if paid with a credit card and up to 2 to 3 months if paid with a check.

Refunds will not be granted if requested after eligibility end date.

Penalties

- Any candidate who does not bring the correct code books for CCA, CCS, & CCS-P exams to the testing site will not be allowed to test and the exam fee will be forfeited

- Any candidate who does not bring the proper identification to the testing site will not be allowed to test and the exam fee will be forfeited

- Any candidate who has requested a refund but has not canceled his or her schedule appointment before the end of their eligibility end date will not be eligible for a refund

- Any candidate who shows up to the wrong testing location will not be allowed to test and the exam fee will be forfeited

- Any candidate who forfeited his/her exam and is still seeking to test will have to submit a new exam application along with payment

ELIGIBILITY EXTENSION FEE AND POLICY

Candidates may request an extension for their eligibility period by following the policy outlined below:

1. First Request for an Extension–$75
   (valid for an additional 45 days)

2. Second and Final Request for an Extension–$150
   (valid for an additional 30 days)

   Note: No additional extension will be authorized
   Extensions are nonrefundable

Steps for Requesting an Extension:

1. Complete and submit the Eligibility Extension Request Form (form available on ahima.org/certification) and scan to certification@ahima.org

   Note: Requests for an extension must be received no later than 14 business days prior to the scheduled exam date or eligibility end date

2. A representative from the Certification department will contact you within 48 business hours to collect payment. If payment cannot be collected within 48 business hours your extension request will be closed and a new request will have to be submitted

3. If you already scheduled your exam date with Pearson VUE, you must contact Pearson VUE at (888) 524-4622 directly and cancel your exam appointment prior to requesting an extension

4. You will be notified via e-mail (e-mail address required on form) once your request has been processed and approved

PREPARING FOR THE EXAM

Tips for Success

- Read through the entire candidate guide.
- Visit AHIMA's exam preparation page at ahima.org/certification. You will be able to:
  - Review exam specifications
  - Review content outline
  - Allow enough time to prepare for the exam. Consistent and thorough is strongly encouraged.

- Know when and where the test will be given, appear on time with any required materials (for example, valid identification and codebooks CCA, CCS, CCS-P), and be ready to be test
- Please ensure that both forms of your identification meet the requirements posted on pearsonvue.com/ahima under "On Examination Day"

ON EXAMINATION DAY

Examination Procedures

The Pearson VUE staff adheres to approved procedures to ensure the test center meets AHIMA's testing criteria. Please review the following information prior to the testing date to ensure familiarity with the procedures.

Plan to arrive at the test center 30 minutes before the scheduled appointment. Candidates arriving at the test center 15 minutes after the scheduled start time of the appointment will not be allowed to test and will forfeit the testing fee.

When arriving at the test center, candidates will:

- Receive the Professional Examination Rules Agreement
- Submit two valid, correct forms of identification (ID)
- Have their digital signature captured to verify that signatures match
- Have their palm vein pattern captured
- Have a photograph taken
- Store belongings
- Show reference materials for approval (when applicable)

A dry erase board will be provided to all candidates for use during the examination. No scratch paper is allowed.

Identification Requirements

To be allowed to test, candidates must present a primary form of ID containing their signature and picture, and a second form of ID showing their signature. The name on the primary and secondary forms of ID must match the name appearing on the ATT letter.

Acceptable forms of **primary ID** must be valid and nonexpired, and feature the candidate's photograph and signature. These include:

- Government-issued driver's license, including temporary license with all required elements (refer to "Unacceptable forms of Candidate Identification" for an exception when presented with a Texas driver's license that carries two expiration dates)

- US Dept of State driver's license
- US learner's permit (plastic card only with photo and signature)
- National/state/country identification card
- Passport
- Passport card
- Military ID
- Military ID for spouses and dependents
- Alien registration card (green card, permanent resident visa)
- Government-issued local language ID (plastic card with photo and signature)

Acceptable forms of **secondary ID** must be valid and nonexpired, and feature the candidate's signature. These include:

- Social Security card
- Debit/ATM card
- Credit card (must have a visible expiration date)
- Any form of ID on the primary list

The following are examples of **unacceptable** forms of ID:

- Expired driver's license or expired passport
- Library card
- Marriage certificate
- Voter's registration card
- Club membership card
- Public aid card
- Temporary driver's license without proper paperwork and photo identification
- Temporary Social Security card without signature
- Video club membership card
- Traffic citation (arrest ticket)
- Fishing or hunting license
- AHIMA membership card

Without acceptable forms of ID, candidates will not be allowed to test and will forfeit the application fee. Pearson VUE reserves the right to deny a candidate from taking the exam if there is a question in regards to the validity of the ID(s).

To review the list of acceptable primary and secondary forms of identification, please refer to pearsonvue.com/ahima.

Test Center Restrictions

To ensure examination results for all candidates are earned under comparable conditions, it is necessary to maintain a standardized testing environment. Candidates must adhere to the following:

- For CCA, CCS, and CCS-P exams, candidates are required to bring codebooks as indicated on the list of allowable code books. **(The list of allowable code book for the CCA, CCS, and CCS-P are located on the AHIMA website)**
  http://www.ahima.org/certification/CCA
  http://www.ahima.org/certification/CCS
  http://www.ahima.org/certification/ccsp

- No reference or study materials may be brought into the examination room

- Code books with handwritten notations, or comments are allowed but must be free of any notes containing coding rules and guidelines from other reference materials (for example, *Coding Clinic, CPT Assistant*, and similar materials)

- Code books with Post-It Notes and/or loose materials will not be allowed.

- No handmade tabs will be allowed

- Documents or notes of any kind may not be removed from the examination room. All computer screens, paper, and written materials are the copyrighted property of Pearson VUE and may not be reproduced in any form

- Candidates will not be allowed to take anything into the examination room other than those items given to them by the administrator and their identification documents.

- Prohibited items will not be allowed in the examination room. Prohibited items include, but are not limited to, the following: calculators, pagers, cell phones, electronic digital devices (PDAs, watches, and the like), recording or photographic devices, weapons, briefcases, computers or computer bags, and handbags or purses. Candidates cannot bring in drinks or snacks of any kind

- Eating, drinking, and smoking are prohibited in the test center

- Questions regarding the content of the examination may not be asked of the test center administrator during the examination

Security

All proprietary rights in the examinations, including copyrights and trade secrets, are held by AHIMA. In order to protect the integrity of the examinations and to ensure the validity of the scores reported, candidates must adhere to strict guidelines regarding proper conduct in handling copyrighted proprietary examinations. Any attempt to reproduce all or part of the examinations, including, but not limited to, removing materials from the examination room, aiding others by any means in reconstructing any portion of the examinations, selling, distributing, receiving or having unauthorized possession of any portion of the examinations, is strictly prohibited by law. Alleged copyright violations will be investigated and, if warranted, prosecuted to the fullest extent of the law. It should be noted that all examination scores may be invalidated in the event of this type of suspected breach.

Candidates may not write on any examination materials distributed by or belonging to AHIMA.

A candidate can be disqualified from taking or continuing to sit for an examination, or from receiving examination results, or the candidate's scores might be cancelled, if Pearson VUE determines through proctor observation, statistical analysis, and other evidence that the candidate's score may not be valid or that the candidate was engaged in collaborative, disruptive, or other unacceptable behavior during the administration of the examination.

Test centers are continuously monitored by audio and video surveillance equipment for security purposes.

Misconduct

Individuals who engage in the following conduct may be dismissed from the test center and their scores will not be reported. Examples of misconduct include, but are not limited to:

- Using electronic devices such as calculators, pagers, cell phones, and tablets
- Giving or receiving help during the examination or being suspected of doing so
- Attempting to take the examination for someone else
- Using notes, books, or other aids
- Removing or attempting to remove note paper from the test center
- Creating a disturbance or behaving in an abusive or otherwise uncooperative manner

Cancellation Due to Bad Weather or Other Emergencies

In the event of bad weather, a natural disaster, or another emergency (for example, a test center power outage), Pearson VUE will determine whether circumstances warrant cancellation and rescheduling of examinations at a particular test center.

Examinations will not be cancelled and rescheduled if the test center administrator can open the test center.

Every attempt will be made to administer all examinations as scheduled.

However, should examinations at a test center be cancelled, all affected candidates will be contacted by Pearson VUE about rescheduling their examinations.

Medical or Personal Emergency

A medical or personal emergency is an unplanned event within three (3) days of the examination appointment that prevents you from taking the exam will be taken into consideration. A medical or personal emergency may apply to you or one of your immediate family member; spouse, child, or parent as defined by the Family Medical Leave Act. Documentation (i.e., doctor's note, emergency room forms, obituary) showing why you could not take your exam will be required. Once all documentation is reviewed the candidate will be notified via e-mail with a decision. Please note: Without the submission of proper documentation, refunds or extensions will not be granted and all exam fees will be forfeited. All documentation must be submitted no later than 15 business days from the date of the exam appointment.

AFTER THE EXAMINATION

Notification of Examination Results

After completing the examination and evaluation, candidates will be asked to report to the test center staff to receive their score report.

The score report will not include performance on pretest questions, and these questions will not be used to determine passing or failing. Candidates will receive their results immediately upon completion of their exam.

In the event a new exam format is in a Beta testing period and the passing mark has not been pre-established, exam candidates will receive a test completion notice upon completion of their exam. Once the passing mark has been determined, exam results will be uploaded to your Pearson VUE account. Newly credentialed professionals (if authorized) will appear on AHIMA's website at secure.ahima.org/certification/newly_credentialed.aspx within 48 business hours. However early testers will not appear until their official transcript has been reviewed and approved.

Confidentiality Procedures

AHIMA and Pearson VUE have adopted policies and procedures to protect the confidentiality of examination candidates. AHIMA and Pearson VUE staff members will not discuss pending examination applications with anyone but the candidate) and will not report scores by telephone, e-mail, or fax.

AHIMA and Pearson VUE will not release exam results to educational institutions unless authorized by the candidate.

Passing Standard Setting

The passing score, or cut score, is established through a process known as standard setting. A panel of stakeholders who serve as subject matter experts (SMEs) provides judgments on how a minimally qualified candidate (MQC) would perform on the exam. The SMEs utilize the Modified Angoff methodology, which is widely accepted for establishing passing scores. Through consensus, the SMEs determine which objectives on the examination blueprint will be easier or harder for the MQC. The SMEs then conduct a thorough review of each item. They provide several ratings in terms of the proportion of 100 minimally qualified candidates that will get the answer right. The results of this multiple day standard setting procedure along with the recommended cut score range are then compiled and presented to CCHIIM. CCHIIM reviews the panel's recommendations, the estimated difficulty of the exam, as well as an estimated expectation of candidate performance, and consequently votes to approve the passing score.

Validation of Scores

AHIMA and Pearson VUE are responsible for the validity and integrity of the scores reported. Occasionally, computer malfunctions or candidate misconduct may cause a score report to be suspect. AHIMA and Pearson VUE reserve the right to void or withhold examination results if, upon investigation, violation of AHIMA's regulations is discovered. Candidates are expected to fully cooperate with any investigation.

Release of Information

All individuals who successfully complete an examination may be recognized for this achievement on AHIMA's website (authorization by the candidate is required.) AHIMA and Pearson VUE will not release scores to any other third-party.

Certificates

Candidates who pass the examination can view and print their certificate in their CEU center, which can be accessed at www.my.ahima.org. If you are interested in ordering a hard copy certificate or frame, please visit www.ahima.org/certification/contact. The candidate's name will appear on the certificate exactly as it appears on the candidate's AHIMA profile.

Candidates who apply for early testing and successfully pass their exam will have their credential officially granted once transcripts are received and verified and will be subject to the recertification requirements as required by CCHIIM. The exam date will be used as the official date the credential is granted.

Examination Complaints

Candidates are required to report any complaints at the test center on the day of their examination.

Because of the secure nature of the examination, neither AHIMA nor Pearson VUE will disclose examination questions or candidate's responses to individual questions.

Re-taking the Examination and Process

Candidates who have taken and failed an examination must wait a minimum of 90 days before their application is approved. To re-take an examination, a candidate must resubmit a new application with the appropriate examination fee. Transcripts are kept on file and do not need to be resubmitted.

Candidates who are currently in their retest waiting period are not authorized to schedule until a new authorization to test letter has been issued.

AHIMA is not authorized to waive retest periods due to test security policies.

For more information please visit ahima.org/certification.

Use of the Credential

Candidates who pass the examination will be authorized to use RHIA, RHIT, CCA, CCS, CCS-P, CHDA, CHPS, CDIP as applicable, following their name. AHIMA suggests the following guidelines when using credentials:

- Academic degrees (for example, PhD, JD, and MBA) are listed closest to the last name
- General credentials (for example, RHIA and RHIT) follow the academic degree. If there is no academic degree listed, the certification credential follows the last name
- The RHIT credential will be superseded once a candidate passes the RHIA exam, meaning it is no longer valid and no longer to be used
- Specialty credentials and coding credentials (for example, CHDA, CHP, CHS, CHPS, CCS, CCS-P, CCA, CDIP) follow the general credential
- The CCA credential will be superseded once a candidate passes the CCS or CCS-P exam meaning it is no longer valid and no longer to be used
- Fellowship credentials (for example, FAHIMA) follow the specialty credential
- Early testing candidates are not authorized to use their credential until all requirements have been met and verified through AHIMA

Registry

Once certified, candidates are added to the AHIMA registry. Certification status may be verified by employers, government agencies, and accrediting agencies. In addition, newly credentialed individuals are listed at:

https://my.ahima.org/certification/credentialverification.aspx

Credential Verification

Certification status may be verified by employers, government agencies, and accrediting agencies by submitting a request by and scan to certification@ahima.org, or e-mail at: credential_verification@ahima.org and are processed within two to three business days. Requests must be submitted on the company letterhead with the following information:

- Requestor's name and title
- Certified professional's name
- Credential
- Certified professional's current residence (city and state)

AHIMA Membership

Join AHIMA and connect with more than 103,000 health information professionals worldwide. As a member of the premier association for health information professionals you will receive immediate access to guidance, resources, benefits, and expertise to help you develop and grow in your career. This includes access to complimentary products that can earn you CEUs, discounts on exams registrations, exam prep resource, and certification maintenance fees. To become a member with AHIMA please join ahima.org/join

Grandfathering

Credential holders must fulfill all initial requirements to obtain a certification and ongoing recertification requirements to maintain AHIMA Credentials. Therefore, AHIMA does not practice Grandfathering of credentials.

APPENDIX A

Authorization to Test Letter

PLEASE DO NOT RESPOND TO THIS E-MAIL

Authorization to Test

You have been authorized to take a certification exam at a Pearson VUE testing center. Information on the certification exam, the testing rules, and how to schedule your certification exam follows:

Authorized Candidate: John Doe Jr.

AHIMA Candidate ID: 123456

Client Authorization ID: 333333 **Pearson VUE Authorization ID:** 123456

Exam: CCS – Certified Coding Specialist

Number of Attempts Authorized: 1

Authorized Dates: 29 March 2018 - 29 July 2018

If any details of your authorization to test are incorrect, please contact AHIMA immediately at (800) 335-5535 or Pearson VUE at (888) 524-4622 prior to scheduling your examination. Please note that the name on both your primary and secondary forms of identification must exactly match your name as printed on this ATT letter.

ADA APPLICANTS
If you were approved for ADA accommodations you will receive a confirmation e-mail from AHIMA within 48 hours. The confirmation e-mail will provide the phone number **you must** use to schedule your AHIMA exam. ADA candidates who do not schedule their exam through the proper channels will not receive their approved accommodations.

EXAMINATION DAY
You must be prepared to show two (2) valid, non-expired forms of personal identification. The candidate first and last name on personal identification must match exactly as shown on this letter. If a candidate arrives at the test center with the incorrect personal identification they will not be allowed to test and will forfeit their exam fees. For more information on the acceptable forms of identification, please visit www.pearsonvue.com/ahima.

In addition, we ask that you arrive at the testing center 30 minutes before your scheduled appointment time. This will provide adequate time to complete the necessary sign-in procedures. If you arrive more than 15 minutes late for an examination you will be considered a no-show and forfeit your exam fee.

CODE BOOK INFORMATION (FOR CCA, CCS, AND CCS-P EXAMS ONLY)
Please visit AHIMA's Certification website at www.ahima.org/certification prior to your testing date. Click "Exam Name" for information for the exam that you are taking, then click "Exam Preparation" for the versions of the coding books you're required to bring to the testing center for the exam.

RESCHEDULE AND CANCEL POLICY
If you wish to reschedule or cancel your exam appointment, you must do so at least one full business day (24 hours) before the appointment via the Pearson VUE website or call center. Appointments must be rescheduled within the authorized exam delivery period. All registrations with accommodations must be rescheduled or canceled through the call center. If you cancel your exam appointment, **you must also inform AHIMA and contact AHIMA regarding refund policies**. If you cancel or reschedule your appointment between 14 days and one full business day (24 hours) prior to your appointment time, you will be charged $30. If your request is made less than one full business day (24 hours) before your scheduled appointment time, or you fail to arrive for your appointment, you will be considered a no-show and you will forfeit your exam fee.

REFUND POLICY
All refunds must be sent through AHIMA; Pearson VUE cannot process refunds for candidates. A cancellation of an exam appointment does not constitute an exam refund. Please contact AHIMA at www.ahima.org/customersupport for refunds.

To schedule this examination, follow the instructions below. Schedule early to obtain the date, time, and location of your choice. Have your

APPENDIX A (continued)

Authorization to Test Letter

AHIMA candidate ID ready.

AFTER THE EXAM
After completing the examination and evaluation, candidates will be asked to report to the test center staff to receive their score report or test completion notice. Candidates who pass the examination can view and print their certificate in their CEU center within 48 business hours. The CEU center can be accessed at my.ahima.org. If you are interested in ordering a hard copy certificate or frame, please visit www.ahima.org/certification/contact.

INSTRUCTIONS FOR SCHEDULING YOUR APPOINTMENT

You may schedule the certification exam at a Pearson VUE testing center through the Pearson VUE Web site or by calling the Pearson VUE Contact Center.

To schedule your certification exam on the Pearson VUE Website, go to this address: http://www.pearsonvue.com/ahima
This Web site provides more information about certification exams, programs, and testing center locations.

To schedule your certification exam, first obtain a Pearson VUE Web account, username, and password. Follow instructions on the Web site to create an account and register for the certification exam.

Once you set up your account, you can use it to review your exam information and also schedule, reschedule, and cancel certification exams.

To schedule your certification exam or to get more information, you may contact the Pearson VUE Contact Center. For a full listing of contact numbers please visit: http://www.pearsonvue.com/contact

You will be able to select a date and time within the authorized testing dates listed above, at a testing center of your choice. Do not call the testing center directly. We encourage you to make an appointment soon, before all seats are taken.

You should use your Pearson VUE web account to schedule your exam:

Username: userName

If you have forgotten your password, you may ask to have a new password sent to your e-mail address on file. To do so, follow the instructions at www.pearsonvue.com/forgotpassword. With your web account, you may review or modify your appointment.

After scheduling the certification exam, you will be given instructions and sent a confirmation that includes certification exam and appointment information, directions to the testing center, instructions on what to bring, and other pertinent information.

APPENDIX B

Professional and Regulatory Candidate Rules Agreement

Pearson VUE

Professional & Regulatory Candidate Rules Agreement

Please review the following test rules agreement. Contact the TA if you have any questions. The term TA will be used in this document to mean test administrator, invigilator, and proctor.

1. **No** personal items, including but not limited to, mobile phones, hand-held computers/personal digital assistants (PDAs) or other electronic devices, pagers, watches, wallets, purses, firearms or other weapons, hats (and other non-religious head coverings), bags, coats, jackets, eyeglass cases, books, and/or notes, pens or pencils are allowed in the testing room. You must store all personal items in a secure area (a locker) as indicated by the TA or return them to your vehicle. If you refuse to store your personal items, you will be unable to test, and you will lose your test fee.

   All electronic devices must be turned off before storing them in a locker. You will be asked to empty your pockets for the purpose of allowing the TA to verify that nothing is in them. If you have hair that covers your ears, you may be asked to show them for the purpose of allowing the TA to verify that no Bluetooth devices are present. The TA may also ask you to roll up your sleeves to verify that you have no writings on your arms. Before you enter the testing room, you will be asked to pat yourself down (for example: arms, legs, waistline) to show there is nothing hidden on your body. The test center is not responsible for lost, stolen, or misplaced personal items. **Studying IS NOT allowed in the test center. Visitors, children, spouses, family, or friends ARE NOT allowed in the test center.**

2. Before you enter the testing room, the TA may collect your digital photograph, digital signature, and/or your palm vein image for the purposes of verifying your identity and protecting the security and integrity of the test. You understand that if there are discrepancies during the check-in process, you may be prohibited from entering the testing room, you may not be allowed to reschedule your test appointment, and you may forfeit your test application fee.

   The identification requirements used during the check-in process are defined by the test sponsor, and the TA has no flexibility to add, delete, or alter this process. Upon entering and being seated in the testing room, the TA will provide you with those materials authorized by the test program sponsor for your use during the test to make notes or calculations on, and you will be provided any other material as specified by the test program sponsor. **You may not remove any of these materials from the testing room or begin writing on your noteboard until your test has been started.** If you need new or additional materials during the test, you must raise your hand. You must return all items and materials to the TA immediately following the test.

3. The TA will log you into your assigned workstation. You will verify that you are taking the intended test that you registered to take. Unless otherwise instructed, you must remain in your assigned seat until escorted out of the testing room by a TA.

4. Once you have entered the testing room, you may not communicate with other candidates. Any disruptive, threatening, or fraudulent behaviour in the testing room may be grounds for terminating your test, invaliding your test results, or result in disqualifying you from taking the test at a future date.

5. You understand that eating, drinking, chewing gum, smoking, and/or making noise that creates a disturbance for other candidates is prohibited during the test.

6. To ensure a high level of security throughout the testing experience, you will be monitored at all times. Both audio and video may be recorded.

7. Break policies are established by the test program sponsor. Some tests may include scheduled breaks, and if so allowed, instructions will appear on the computer screen at the appropriate time; it is important to note that whether or not the test time stops depends on the test program sponsor's policy. If you take an **unscheduled break** at any other time or if you take a break during a test in which the test program sponsor has not scheduled a break, the test time will **not** stop. The TA will set your workstation to the break mode, and you must take your ID with you when you leave the room. The TA will check your ID before escorting you back to your seat and will then resume your test.

8. If you are taking **any break**, **you MUST receive permission from the TA PRIOR to accessing personal items that have been stored** (with the exception of comfort aids, medication, and food, which you may access without permission). Unless specifically permitted by the test program sponsor, personal items that cannot be accessed during **any break** include but are not limited to mobile phones, test notes, and study guides.

Professional and Regulatory Candidate Rules Agreement

9.	You must leave the testing room for all breaks. **If you want to leave the test center building during any breaks, verify with the TA whether your test program sponsor permits you to leave the building.**
10.	You must follow all of the appropriate check-in and check-out processes as defined by your test program sponsor. This may include the need to show identification and/or have your palm vein pattern captured when leaving and re-entering the testing room. Before re-entering, you will be asked to pat yourself down again (arms, legs, waistline) to show there is nothing hidden on your body. Unless otherwise instructed, the TA will escort you to your assigned workstation and resume the test for you so that you may continue with your test.
11.	If you experience any problems or distractions or if you have other questions or concerns, you must raise your hand, and the TA will assist you. The TA cannot answer questions related to test content. If you have concerns about a test question or image, make a note of the item (question) number, if available, in order for the item to be reviewed.
12.	A Non-Disclosure Agreement or other security statement may be presented to you before the test begins. If so presented, you must read, acknowledge, and agree to the terms and conditions of such document, within the specified time limit, if applicable, in order to begin your test. Should you not agree, you will not be permitted to proceed with taking the test and you may forfeit your test fee. If you select "DECLINE," your test session will immediately end.
13.	After you finish the test, you may be asked to complete an optional onscreen evaluation.
14.	Unless otherwise instructed, after you have completed the test you must raise your hand, and the TA will come to your workstation and verify that your test session has ended properly. Depending on the type of test taken, the test program sponsor may display your test score on the computer screen after you have completed the test; or you may be provided with a printed score report; or you may be provided with a confirmation notice indicating that you have completed the test program sponsor's test. If printed information is to be provided to you, you must present your ID again to the TA and along with returning any and all materials supplied to you prior to the beginning of your test. You must not leave any materials at your testing workstation after you have completed your test.
15.	You may not remove copies of test questions or test answers from the testing center, and you may not share or discuss with anyone all or any of the test questions or test answers you saw or viewed during the taking of the test. If you do not abide by these rules, if you tamper with the computer or if you are suspected of cheating, appropriate action will be taken, including the possibility of the test program sponsor taking action against you.

Your Privacy: Your test results will be encrypted and transmitted to Pearson VUE and the test sponsor. The test center does not retain any information other than when and where your test was taken. The Pearson VUE Privacy and Cookies Policy provides additional information, which you can obtain by visiting the Pearson VUE website at www.pearsonvue.com or by contacting the Pearson VUE call center.

Candidate Statement: *By providing a digital signature, I give Pearson VUE my explicit consent to retain and transmit my personal data and test responses to Pearson VUE located in the U.S. and to the test sponsor (either of which may be outside of the country in which I am testing). I understand the information provided above and agree to follow these rules in addition to any other program rules I may have agreed to during my registration for this test. If I do not follow the rules or I am suspected of cheating or tampering with the computer, this will be reported to Pearson VUE and the test sponsor, and I acknowledge and understand that my test may be invalidated, and the sponsor may take other action such as decertifying me, and I will not be refunded my test fee.*

APPENDIX C

Sample Pass Score Report

**Score Report for the
Registered Health Information Administrator (RHIA) Exam**

Candidate Name
Address Line 1
Address Line 2   Examination Date: 11-Feb-2019
Address Line 3
City, State PostalCode

Result: Pass

Content Category By domain	Percent Correct
Data Content, Structure & Standards (Information Governance)	100%
Information Protection: Access, Disclosure, Archival, Privacy	100%
& Security	100%
Informatics, Analytics & Data Use	100%
Revenue Management	100%
Leadership	

You have successfully passed the Registered Health Information Administrator (RHIA) Exam.
Candidates who pass the examination can view and print their certificate in their CEU center within
48 business hours. The CEU center can be accessed at my.ahima.org. If you are interested in ordering
a hard copy certificate or frame, please visit www.ahima.org/certification/contact.

For information on Recertification (e.g., continuing education requirements, etc.) Please visit
http://www.ahima.org/certification/Recertification.

For information on Membership please visit http://ahima.org/membership.

For additional information on the scoring of your exam please visit
http://www.ahima.org/certification/examscoring.

Sample Fail Score Report

Score Report for the
Registered Health Information Administrator (RHIA) Exam

Candidate Name
Address Line 1
Address Line 2
Address Line 3
City, State PostalCode

Examination Date: 11-Feb-2019

Result: Fail

Content Category By domain	Percent Correct
Data Content, Structure & Standards (Information Governance)	0%
Information Protection: Access, Disclosure, Archival, Privacy	0%
& Security	0%
Informatics, Analytics & Data Use	0%
Revenue Management	0%
Leadership	

Reapplying for the Registered Health Information Administrator (RHIA) Exam

To retake the examination, candidate must submit another application with the appropriate fee.

For additional information on the scoring of your exam please visit
http://www.ahima.org/certification/examscoring.

APPENDIX D

AHIMA Accommodations under the Americans with Disabilities Act (ADA) Policies and Procedures

How to Request Test Accommodations for the Certification Examinations

- Applicant must complete and submit the ADA application electronically:
  certification@ahima.org

- Requests by a third party (such as an evaluator, employer, etc.) will not be considered

- If an applicant has a documented disability covered under the Americans with Disabilities Act (ADA) and ADA Amendments Act (ADAAA) and requires test accommodations, he or she must notify AHIMA in writing each time he or she requests accommodations. All documentation is destroyed once the reviewing process has been completed

- The request should indicate the nature of the disability and the specific test accommodations needed

- A qualified professional must provide documentation verifying the disability and explaining the test accommodations that are needed

- Applicants will be notified in writing whether their accommodation request has been approved

- **The request (application form and documentation) must accompany the AHIMA examination application, and must be received by the normal application closing date**

What to Do:

- Read the AHIMA Disability Documentation Guidelines carefully and share them with the qualified professional who will be providing supporting documentation for your request. www.ahima.org/~/media/AHIMA/Files/Certification/AHIMADocumentationGuidelines_HR_0918.ashx?la=en

- Complete the AHIMA Test Accommodation Request form. www.ahima.org/~/media/AHIMA/Files/Certification/MX9875_ADA_Application.ashx?la=en

- Attach documentation of the disability and your need for accommodation

- **Incomplete documentation will delay processing of your request and exam application**

- If appropriate documentation is submitted allow up to 14 business days for all documents to be reviewed. A decision will be sent by e-mail

APPENDIX E

Registered Health Information Administrator (RHIA) Examination Content Outline

Number of Questions on Exam:
- **180 multiple choice (160 scored/20 pretest)**

Exam Time: 4 hours—Any breaks taken will count against your exam time

DOMAIN 1
Data Content, Structure and Standards
(Information Governance) (18–22%)

Tasks:

A. Classification Systems

    A1. Code diagnosis and procedures, according to established guidelines

B. Health Record Content and Documentation

    B1. Ensure accuracy and integrity of health data and health record documentation (paper or electronic)

    B2. Manage the contents of the legal health record (structured and unstructured)

    B3. Manage the retention and destruction of the legal health record

C. Data Governance

    C1. Maintain data in accordance with regulatory requirements

    C2. Develop and maintain organizational policies, procedures, and guidelines for management of health information

D. Data Management and Secondary Data Sources

    D1. Manage health data elements and/or data sets

    D2. Assist in the maintenance of the data dictionary and data models for database design

    D3. Manage and maintain databases (e.g., data migration, updates)

DOMAIN 2
Information Protection: Access, Disclosure, Archival, Privacy and Security (23–27%)

Tasks:

A. Health Law

    A1. Maintain healthcare privacy and security training programs

    A2. Enforce and monitor organizational compliance with healthcare information laws, regulations and standards (e.g., audit, report and/or inform)

B. Data Privacy, Confidentiality, and Security

    B1. Design policies and implement privacy practices to safeguard Protected Health Information

    B2. Design policies and implement security practices to safeguard Protected Health Information

    B3. Investigate and resolve healthcare privacy and security issues/breaches

C. Release of Information

    C1. Manage access, disclosure, and use of Protected Health Information to ensure confidentiality

    C2. Develop policies and procedures for uses and disclosures/redisclosures of Protected Health Information

DOMAIN 3
Informatics, Analytics, and Data Use (22–26%)

Tasks:

A. Health Information Technologies

    A1. Implement and manage use of and access to technology applications

    A2. Evaluate and recommend clinical, administrative, and specialty service applications (e.g., financial systems, electronic record, clinical coding)

B. Information Management Strategic Planning

    B1. Present data for organizational use (e.g., summarize, synthesize, and condense information)

C. Analytics and Decision Support

    C1. Filter and/or interpret information for the end customer

    C2. Analyze and present information to organizational stakeholders

    C3. Use data mining techniques to query and report from databases

D. Healthcare Statistics

    D1. Calculate healthcare statistics for organizational stakeholders

    D2. Critically analyze and interpret healthcare statistics for organizational stakeholders (e.g., CMI)

E. Research Methods

    E1. Identify appropriate data sources for research

F. Consumer Informatics

Registered Health Information Administrator (RHIA) Examination Content Outline

F1. Identify and/or respond to the information needs of internal and external healthcare customers

F2. Provide support for end-user portals and personal health records

G. Health Information Exchange

G1. Apply data and functional standards to achieve interoperability of healthcare information systems

G2. Manage the health information exchange process entity-wide

H. Information Integrity and Data Quality

H1. Apply data/record storage principles and techniques associated with the medium (e.g., paper-based, hybrid, electronic)

H2. Manage master person index (e.g., patient record integration, customer/client relationship management)

H3. Manage merge process for duplicates and other errors entity-wide (e.g., validate data sources)

DOMAIN 4
Revenue Management (12–16%)

Tasks:

A. Revenue Cycle and Reimbursement

A1. Manage the use of clinical data required in reimbursement systems and prospective payment systems (PPS)

A2. Optimize reimbursement through management of the revenue cycle (e.g., chargemaster maintenance, DNFB, and AR days)

B. Regulatory

B1. Prepare for accreditation and licensing processes (e.g., Joint Commission, Det Norske Veritas (DNV), Medicare, state regulators)

B2. Process audit requests (e.g., RACs or other payors, chart review)

B3. Perform audits (e.g., chart review, POC)

C. Coding

C1. Manage and/or validate coding accuracy

D. Fraud Surveillance

D1. Participate in investigating incidences of medical identity theft

E. Clinical Documentation Improvement

E1. Query physicians for appropriate documentation to support reimbursement

E2. Educate and train clinical staff regarding supporting documentation requirements

DOMAIN 5
Leadership (12–16%)

Tasks:

A. Leadership Roles

A1. Develop, motivate, and support work teams and/or individuals (e.g., coaching, mentoring)

A2. Organize and facilitate meetings

A3. Advocate for department, organization, and/or profession

B. Change Management

B1. Participate in the implementation of new processes (e.g., systems, EHR, CAC)

B2. Support changes in the organization (e.g., culture changes, HIM consolidations, outsourcing)

C. Work Design and Process Improvement

C1. Establish and monitor productivity standards

C2. Analyze and design workflow processes

C3. Participate in the development and monitoring of process improvement plans

D. Human Resources Management

D1. Perform human resource management activities (e.g., recruiting staff, creating job descriptions, resolving personnel issues)

E. Training and Development

E1. Conduct training and educational activities (e.g. HIM systems, coding, medical and institutional terminology, documentation and regulatory requirements)

F. Strategic and Organizational Management

F1. Monitor industry trends and organizational needs to anticipate changes

F2. Determine resource needs by performing analyses (e.g., cost benefit, business planning)

F3. Assist with preparation of capital budget

G. Financial Management

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

Registered Health Information Administrator (RHIA) Examination Content Outline

   G2. Assist in the analysis and reporting on budget variances

H. Ethics

   H1. Adhere to the AHIMA code of ethics

I. Project Management

   I1. Utilize appropriate project management methodologies

J. Vendor/Contract Management

   J1. Evaluate and manage contracts (e.g., vendor, contract personnel, maintenance)

K. Enterprise Information Management

   K1. Develop and support strategic and operational plans for entity-wide health information management

APPENDIX F

Registered Health Information Technician (RHIT) Examination Content Outline

Number of Questions on Exam:

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

Exam Time: 3.5 hours—Any breaks taken will count against your exam time

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

Registered Health Information Technician (RHIT) Exam

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

APPENDIX G

Certified Coding Associate (CCA) Examination Content Outline

Number of questions on exam:

- **100 multiple-choice questions (90 scored/10 pretest)**

Exam Time: 2 hours—Any breaks taken will count against your exam time

DOMAIN 1
Clinical Classification Systems (30–34%)

Tasks:

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 inpatient coding guidelines
6. Apply outpatient coding guidelines
7. Apply physician coding guidelines
8. Assign inpatient codes
9. Assign outpatient codes
10. Assign physician codes
11. Sequence codes according to healthcare setting

DOMAIN 2
Reimbursement Methodologies (21–25%)

Tasks:

1. Sequence codes for optimal reimbursement
2. Link diagnoses and CPT codes according to payer specific guidelines
3. Assign correct DRG
4. Assign correct APC
5. Evaluate NCCI edits
6. Reconcile NCCI edits
7. Validate medical necessity using LCD and NCD
8. Submit claim forms
9. Communicate with financial departments
10. Evaluate claim denials
11. Respond to claim denials
12. Resubmit denied claim to the payer source
13. Communicate with the physician to clarify documentation

DOMAIN 3
Health Records and Data Content (13–17%)

Tasks:

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 (ancillary depts., physician's office, etc)
7. Retrieve patient information from master patient index
8. Educate providers in regards to health data standards
9. Generate reports for data analysis

DOMAIN 4
Compliance (12–16%)

Tasks:

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. Assist in preparing the organization for external audits

APPENDIX G (continued)

Certified Coding Associate (CCA) Examination Content Outline

DOMAIN 5
Information Technologies (6–10%)

Tasks:

1. Navigate throughout the EHR

2. Utilize encoding and grouping software

3. Utilize practice management and HIM systems

4. Utilize CAC software that automatically assigns codes based on electronic text

5. Validate the codes assigned by CAC software

DOMAIN 6
Confidentiality and Privacy (6–10%)

Tasks:

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 H

Certified Coding Specialist (CCS) Examination Content Outline

Number of Questions on exam:
- **97 multiple-choice questions (79 scored/18 pretest)**
- **8 medical scenarios (6 scored/2 pretest)**

Exam Time: 4 hours—Any breaks taken will count against your exam time

DOMAIN 1
Clinical Documentation (14–18%)

Tasks:
1. Verify patient encounter type
2. Review clinical record documentation to identify codeable diagnoses and procedures
3. Determine when additional clinical documentation is needed
4. Communicate with healthcare providers to obtain specific clinical documentation
5. Compose a compliant physician query

DOMAIN 2
Diagnosis Coding (28–32%)

Tasks:

Diagnosis:
1. Assign the ICD-10-CM diagnoses according to current coding guidelines for inpatient services
2. Assign the ICD-10-CM diagnoses according to current coding guidelines for outpatient services
3. Sequence diagnoses according to the current coding guidelines
4. Consult reference materials to facilitate diagnosis code assignment

DOMAIN 3
Procedure Coding (28–32%)

Tasks:
1. Assign procedure codes according to current coding guidelines for inpatient services
2. Assign procedure codes according to current coding guidelines for outpatient services
3. Sequence procedures according to the current coding guidelines
4. Apply the official ICD-10-PCS procedure coding guidelines
5. Apply the official CPT/HCPCS Level II coding guidelines
6. Consult reference materials to facilitate procedure code assignment

DOMAIN 4
Reporting Requirements for Inpatient Services (6–10%)

Tasks:
1. Assign the POA indicators
2. Verify DRG assignment based on the Inpatient Prospective Payment System (IPPS) definitions
3. Evaluate the impact of code selection of severity of illness (SOI)/risk of mortality (ROM) assignment on APR-DRG
4. Evaluate the impact of code selection of MCC/CC assignment on MS-DRG
5. Validate the discharge disposition
6. Resolve coding edits (e.g., Medicare Code Editor (MCE)

DOMAIN 5
Reporting Requirements for Outpatient Services (6–10%)

Tasks:
1. Assign modifiers based on reporting requirements
2. Assign evaluation and management level codes for facility reporting
3. Verify APC assignment based on Outpatient Prospective Payment System (OPPS) definitions
4. Apply Outpatient Prospective Payment System (OPPS) reporting requirements for medical necessity
5. Resolve coding edits (e.g., National Correct Coding Initiative (NCCI), Medicare Code Editor (MCE) and Outpatient Code Editor (OCE)

Certified Coding Specialist (CCS) Examination Content Outline

DOMAIN 6
Data Quality Management (3–7%))

Tasks:

1. Assess the quality of coded data

2. Analyze health record documentation for quality

3. Communicate with clinical providers regarding reimbursement methodologies and documentation requirements related to coding

4. Review the accuracy of abstracted data elements for database integrity

5. Report compliance concerns

6. Review internal and external audit findings

DOMAIN 7
Privacy, Confidentiality, Legal, and Ethical Issues
(1–5%)

Tasks:

1. Apply policies and procedures for access and disclosure of PHI

2. Report privacy or security concerns

3. Apply AHIMA Code of Ethics/Standards of Ethical Coding

APPENDIX I

Certified Coding Specialist—Physician-based (CCS-P) Examination Content Out-

Number of Questions on Exam:
- **97 multiple-choice questions (79 scored/18 pretest)**
- **8 medical scenarios (6 scored/2 pretest)**

Exam Time: 4 hours—Any breaks taken will count against your exam time

DOMAIN 1
Clinical Documentation (10–14%)

Tasks:
1. Identify the provider type
2. Verify documentation requirements (e.g., signature, date of service, DD)
3. Review documentation to support the diagnoses and procedures/services
4. Query provider to verify documentation

DOMAIN 2
Diagnosis Coding (28–32%)

Tasks:
1. Review clinical documentation
2. Assign ICD-10-CM codes
3. Sequence ICD-10-CM codes

DOMAIN 3
Procedure Coding (28–32%)

Tasks:
1. Review clinical documentation
2. Assign CPT/HCPCS codes and append modifiers
3. Sequence CPT/HCPCS codes

DOMAIN 4
Reporting Requirements for Provider-based Services (10–14%)

Tasks:
1. Identify chief complaint/reason for encounter
2. Validate medical necessity for relationship of diagnosis to procedure/services
3. Identify the location and type of service (e.g., admission, discharge, TCM, CCM)

DOMAIN 5
Data Quality and Management (4–8%)

Tasks:
1. Verify components/elements of documentation
2. Verify author(s) of documentation
3. Review record for cloning (copy and paste)
4. Audit coding and documentation trends
5. Research payor or vendor requirements
6. Resolve coding edits

DOMAIN 6
Health Information Technology (2%)

Tasks:
1. Retrieve patient information (chart/EHR)
2. Create or modify clinical documentation templates for EHR
3. Build coding rules into software
4. Reconcile daily procedures
5. Generate code utilization reports

DOMAIN 7
Privacy, Confidentiality, Legal, and Ethical Issues (2%)

Tasks:
1. Report privacy and security concerns
2. Apply AHIMA code of ethics/standards of ethical coding

DOMAIN 8
Compliance (4–8%)

Tasks:
1. Review annual OIG work plan
2. Apply organizational and national compliance policies and procedures
3. Maintain coding compliance plan
4. Report compliance concerns
5. Educate providers or ancillary staff (directly or indirectly)
6. Audit providers on coding/documentation compliance
7. Educate providers on coding audit results, code revisions, and guidelines

APPENDIX J

Certified Health Data Analyst (CHDA) Content Outline

Number of Questions on Exam:

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

Exam Time: 3.5 hours—Any breaks taken will count against your time

Domain 1
Business Needs Assessment (19–23%)

Tasks:

1. Determine the stakeholders
2. Facilitate problem identification with stakeholders
3. Evaluate external measures or requirements
4. Translate words into metrics
5. Determine analytical methods
6. Create an analysis plan

Domain 2
Data Acquisition and Management (21–25%)

Tasks:

1. Identify sources of data or information
2. Develop data collection techniques
3. Extract data or information
4. Explore data or information
5. Cleanse acquired data
6. Map data
7. Validate data

Domain 3
Data Analysis (19–23%)

Tasks:

1. Query data
2. Determine statistical approach
3. Apply statistical methodologies
4. Observe changes and variations in data
5. Visualize data for analysis

Domain 4
Data Interpretation and Reporting (20–24%)

Tasks:

1. Identify key findings
2. Develop recommendations
3. Disclose assumptions and limitations
4. Create visualizations for stakeholders
5. Communicate findings to stakeholders

Domain 5
Data Governance (11–15%)

Tasks:

1. Participate in the development of policies for access, ownership, integrity, or usage of data
2. Implement procedures for access, ownership, integrity, or usage of data
3. Manage data dictionary
4. Ensure adherence to security and privacy policies
5. Maintain audit logs or controls of analyses and data submission

APPENDIX K

Certified in Healthcare Privacy and Security (CHPS) Examination Content Outline

Number of Questions on Exam:

- **150 multiple-choice (125 scored/25 pretest)**

Exam Time: 3.5 hours—Any breaks taken will count against your exam time

DOMAIN 1
Ethical, Legal, and Regulatory Issues/ Environmental Assessment (23–27%)

Tasks:

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

2. Demonstrate privacy and security compliance with documentation, production, and retention as required by State and Federal law as well as accrediting agencies

3. Identify responsibilities as a privacy officer and/or security officer

DOMAIN 2
Program Management and Administration (23–27%)

Tasks:

1. Create, document, and communicate information to include but not limited to minimum necessary protocols

2. Manage contracts and business associate relationships and secure appropriate agreements related to privacy and security (e.g., BAA, SLA, etc.)

3. Evaluate and monitor facility security plan to safeguard unauthorized physical access to information and prevent theft or tampering

4. Develop, deliver, evaluate, and document training and awareness on information privacy and security to provide an informed workforce

5. Work with appropriate organization officials to verify that information used or disclosed for research complies with organizational policies and procedures and applicable privacy regulations

6. Assess, recommend, revise, and communicate changes to organizational policies, procedures, and practices related to privacy and security

7. Assess and communicate risks and ramifications of privacy and security incidents, including those by business associates

8. Establish a preventive program to detect, prevent and mitigate privacy/security breaches

9. Recommend appropriate de-identification methodologies

10. Verify that requesters of protected information are authorized and permitted to receive the protected information (subpoena, court orders, search warrants)

11. Define HIPAA-designated record sets for the organization in order to appropriately respond to a request for release of information

12. Identify information and record sets requiring special privacy protections

13. Recommend, review, and approve protocols to verify identity and access rights of recipients/users of health information

14. Establish, maintain, and ensure the distribution process of the organization's Notice of Privacy Practices

15. Establish and maintain operational systems to receive, process, and document requests for patients' rights as outlined in the Notice of Privacy Practices

DOMAIN 3
Information Technology/Physical and Technical Safeguards (23–27%)

Tasks:

1. Participate in the development and verify maintenance of the inventory of software, hardware, and all information assets to protect information assets and to facilitate risk analysis

2. Participate in business continuity planning for planned downtime and contingency planning for emergencies and disaster recovery

3. Participate in evaluation, selection, and implementation of information privacy and security solutions

4. Implement a systematic process to evaluate risk to and criticalities of information systems which contain PHI

5. Participate in media control practices that govern the receipt, removal, re-use, or disposal (internal and external destruction) of any media or devices containing sensitive data

6. Assess and monitor physical security mechanisms to limit the access of unauthorized personnel to facilities, equipment and information

7. Establish reasonable safeguards to reduce incidental disclosures and prevent privacy breaches

Certified in Healthcare Privacy and Security (CHPS) Examination Content Outline

8. Participate in the development and management of the organization's information security plan

9. Participate in the organizational risk analysis plan to identify threats and vulnerabilities

10. Monitor compliance with the security policies and ensure compliance with technical, physical, and administrative safeguards

11. Establish internal policies, procedures and rules to protect information and participate in development of guidelines, procedures, and controls to ensure the integrity, availability and confidentiality of communication across networks

12. Ensure appropriate technologies are used to protect information received from or transmitted to external users

13. 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)

14. Establish and manage facilitation processes for verifying and controlling access authorizations, authentication mechanisms, and privileges including emergency access

15. Evaluate the use of encryption for protected health information and other sensitive data

DOMAIN 4
Investigation, Compliance, and Enforcement
(23–27%)

Tasks:

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 workforce

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

3. Develop performance measures and reports to monitor and improve organizational performance and report to appropriate organizational body

4. Enforce privacy and security policies, procedures, and guidelines to facilitate compliance with federal, state, and other regulatory or accrediting bodies

5. Monitor access to protected health information

6. Establish an incident/complaint investigation response, develop response plan, and identify team members to respond to a privacy or security incident

7. Coordinate mitigation efforts

8. Develop policy and procedure for breach notification (federal)

9. Educate workforce on reporting requirements for breach notification (federal)

10. Perform risk assessment for breach notification (federal)

11. Notify appropriate individuals/agencies/media within time frame for breach notification (federal)

12. Maintain the appropriate documentation for breach notification (federal)

APPENDIX L

Certified Documentation Improvement Practitioner (CDIP) Examination Content Outline

Number of questions on exam:

- **140 multiple-choice (106 scored/34 pretest)**

Exam Time: 2 hours and 55 minutes—Any breaks taken will count against your exam time

DOMAIN 1
Clinical Coding Practice (22–26%)

Tasks:

1. Use reference resources for code assignment
2. Identify the principal and secondary diagnoses in order to accurately reflect the patient's hospital course
3. Use coding software
4. Assign and sequence ICD-10-CM/PCS codes
5. Use coding conventions
6. Display knowledge of Payer requirements for appropriate code assignment (e.g., CMS, APR, APG)
7. Assign appropriate DRG codes
8. Communicate with the coding/HIM staff to resolve discrepancies between the working and final DRGs
9. Participate in educational sessions with staff to discuss infrequently encountered
10. Assign CPT and/or HCPCS codes
11. Communicate with coding/HIM staff to resolve discrepancies in documentation for CPT assignment

DOMAIN 2
Leadership (17–22%)

Tasks:

1. Maintain affiliation with professional organizations devoted to the accuracy of diagnosis coding and reporting
2. Promote CDI efforts throughout the organization
3. Foster working relationship with CDI team members for reconciliation of queries
4. Establish a chain of command for resolving unanswered queries
5. Develop documentation improvement projects
6. Collaborate with physician champions to promote CDI initiatives
7. Establish consequences for noncompliance to queries or lack of responses to queries in collaboration with providers
8. Develop CDI policies and procedures in accordance with AHIMA practice briefs

DOMAIN 3
Record Review & Document Clarification (24–28%)

Tasks:

1. Identify opportunities for documentation improvement by ensuring that diagnoses and procedures are documented to the highest level of specificity
2. Query providers in an ethical manner to avoid potential fraud and/or compliance issues
3. Formulate queries to providers to clarify conflicting diagnoses
4. Ensure provider query response is documented in the medical record
5. Formulate queries to providers to clarify the clinical significance of abnormal findings identified in the record
6. Track responses to queries and interact with providers to obtain query responses
7. Interact with providers to clarify POA
8. Identify post-discharge query opportunities that will affect SOI, ROM and ultimately, case weight
9. Collaborate with the case management and utilization review staff to affect change in documentation
10. Interact with providers to clarify HAC
11. Interact with providers to clarify the documentation of core measures
12. Interact with providers to clarify PSI
13. Determine facility requirements for documentation of query responses in the record to establish official policy and procedures related to CDI query activities
14. Develop policies regarding various stages of the query process and time frames to avoid compliance risk

Certified Documentation Improvement Practitioner (CDIP) Examination

DOMAIN 4
CDI Metrics & Statistics (14–18%)

Tasks:

1. Track denials and documentation practices to avoid future denials

2. Trend and track physician query response

3. Track working DRG (CDS) and coder final code

4. Perform quality audits of CDI content to ensure compliance with institutional policies and procedures or national guidelines

5. Trend and track physician query content

6. Trend and track physician and query provider

7. Trend and track physician query volume

8. Measure the success of the CDI program through dashboard metrics

9. Track data for physician benchmarking and trending

10. Compare institution with external institutional benchmarks

11. Track data for CDI benchmarking and trending

12. Track data for specialty benchmarking and trending

13. Use CDI data to adjust departmental workflow

DOMAIN 5
Research & Education (11–15%)

Tasks:

1. Articulate the implications of accurate coding

2. Educate providers and other members of the healthcare team about the importance of the documentation improvement program and the need to assign diagnoses and procedures when indicated to their highest level of specificity

3. Articulate the implications of accurate coding with respect to research, public health reporting, case management, and reimbursement

4. Monitor changes in the external regulatory environment in order to maintain compliance with all applicable agencies

5. Educate the appropriate staff on the clinical documentation improvement program including accurate and ethical documentation practices

6. Develop educational materials to facilitate documentation that supports severity of illness, risk of mortality, and utilization of resources

7. Research and adapts successful best practices within the CDI specialty that could be utilized at one's own organization

DOMAIN 6
Compliance (4–8%)

Tasks:

1. Apply AHIMA best practices related to CDI activities

2. Apply regulations pertaining to CDI activities

3. Consult with compliance and HIM department regarding legal issues surrounding CDI efforts

4. Monitor changes in the external regulatory environment in order to maintain compliance with all applicable agencies

5. Educate the appropriate staff on the clinical documentation improvement program including accurate and ethical documentation practices

6. Develop educational materials to facilitate documentation that supports severity of illness, risk of mortality, and utilization of resources

7. Research and adapt successful best practices within the CDI specialty that could be utilized at one's own organization

Date	Change
3/2/2016	Corrected pagination, grammatical errors, cosmetic updates, fixed broken links, created revision date footers, changed 91 day waiting period to 45 days for CCA and CCS exams.
10/21/2016	Added Certified Professional in Health Informatics (CPHI) exam information
12/20/2016	1. Added PCAP Program to CCA eligibility criteria (page 5)
	2. Added credential award date information for early-testers (page 14)
	3. Added due date for submitting documentation for missing exam appointment (page 13)
	4. Updated AHIMA membership application form
3/21/2017	1. Added NCCA seals to RHIA (page 4), RHIT (page 5), CCA (page 5), CCS (page 6), and CCS-P (page 6).
	2. Replace closing parenthesis with opening parenthesis in the last paragraph of page 13.
	3. Unbold "Diagnosis:" and "Procedure:" on pages 32 and 34.
	4. Two blank pages added to the back, must be divisible by four to do a saddle stitch binding.
6/27/2017	1. Added e-mail address in transcript section of Contact Information
	2. Added HIMR Proviso and Master's level options to RHIA eligibility criteria
	3. Updated exam application checklist
1/30/2018	1. Updated Extension Request Policy Verbiage (page 11)
	2. Removed and added certificate verbiage (page 14)
	3. Added CPHI to 90 waiting to retest period (page 14)
	4. Removed the word processed and replace with approved (page 14)
	5. Removed ADA verbiage (page 14)
	6. Removed and added Certificate verbiage (page 18)
	7. Removed and added Certificate verbiage (page 19)
	8. Removed RHIT Exam Content Outline replace with current (page 27)
	9. Removed CHDA Exam Content Outline replace with current (page 36)
2/21/2018	Removed "letters will be mailed to those candidates without a valid e-mail address"
4/10/2018	1. Revised AHIMA's Contact Information
	2. Rearranged foot notes for RHIT & RHIA (pages 4-5)
	3. Revised verbiage for CCA, CHDA, CHTS, CPHI (pages 5-8)
	4. Revised verbiage for submitting exam application, ATT letters, and appointment changes (pages 8-10)
	5. Added website to order certificate (page 14)
	6. Added AHIMA Membership Section 0page 14)
	7. Added updated Membership Application
	8. Added updated Authorization to Test Sample & Pass Score Report (pages 17-19)
	9. Deleted Sample Test Completion Notice (page 21)
	10. Added revised ADA verbiage (page 22)
	11. Removed and added current CCS Exam Content Outline (page 30- 31)
	12. Removed and added current CCSP Exam Content Outline (page 31-32)
9/07/2018	1. Revised and updated RHIA Credential information (page 4).
	2. Revised Appendix L exam time verbiage (page 34).
	3. Revised Appendix M CDIP exam time verbiage (page 36).
12/12/2018	1. Added updated Transcript submission information (page 2)
	2. Added new section for transcript submission (page 8)
	3. Added Confidentiality Procedures information (page 9)
	4. Added test procedures information (page 10)
	5. Added Professional and Regulatory Rules Agreement PDF as Appendix C after Appendix B and all following Appendix(s) updated to reflect the add (page 18)
	6. Added updated membership application (page 15)

Date	Change
12/12/2018	1. Revisions to passing score (page 22-23)
	2. Removed appendix E and updated following appendix titles
5/06/2019	Removal of sunset credentials: CHTS & CPHI

Source Code: 354.20