

Domain 1 – Data Content, Structure, and Information Governance (19-25%)

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. Identify and maintain the designated record set
4. Maintain the integrity of the health record (e.g., identify and correct issues within the EHR)
5. Audit content and completion of the health record (e.g., validate document content)
6. Educate clinicians on documentation and content
7. Coordinate document control (e.g., create, revise, standardize forms)
8. Assess and maintain the integrity of the Master Patient Index (MPI)
9. Maintain and understand the data workflow
10. Create and maintain functionalities of the EHR
11. Create and maintain EHR reports to ensure data integrity
12. Navigate patient portals and provide education and support

Domain 2 – Access, Disclosure, Privacy, and Security (14-18%)

Tasks:

1. Manage the access, use, and disclosure of PHI using laws, regulations, and guidelines (e.g., release of information, accounting of disclosures)
2. Determine right of access to the health record
3. Educate internal and external customers (e.g., clinicians, staff, volunteers, students, patients, insurance companies, attorneys) on privacy, access, and disclosure
4. Apply record retention guidelines (e.g., retain, archive, or destroy)
5. Mitigate privacy and security risk
6. Identify and correct identity issues within the EHR (e.g., merges, documentation corrections, registration errors, overlays)

Domain 3 – Data Analytics and Use (12-18%)

Tasks:

1. Identify common internal and external data sources
2. Extract data
3. Analyze data
4. Report patient data (e.g., CDC, CMS, MACs, RACs, insurers)

5. Compile healthcare statistics and create reports, graphs, and charts
6. Analyze common data metrics used to evaluate Health Information functions (e.g., CMI, coding productivity, CDI query rate, ROI turnaround time)

Domain 4 – Revenue Cycle Management (19-25%)

Tasks:

1. Identify the components of the revenue cycle process
2. Demonstrate proper use of clinical indicators to improve the integrity of coded data
3. Code medical/health record documentation
4. Query clinicians to clarify documentation
5. Recall utilization review processes and objectives
6. Manage denials (e.g., coding or insurance)
7. Conduct coding and documentation audits
8. Provide coding and documentation education
9. Monitor Discharged Not Final Billed (DNFB)
10. Analyze the case mix
11. Identify common billing issues for inpatient and outpatient
12. Understand payer guidelines and requirements (e.g., LCDs, NCDs, fee schedules, conditions of participation)
13. Collaborate with clinical documentation integrity (CDI) staff
14. Review and maintain a Charge Description Master (CDM)
15. Describe different payment methodologies and different types of health insurance plans (e.g., public vs private)

Domain 5 – Compliance (13-17%)

Tasks:

1. Perform quality assessments
2. Monitor Health Information compliance and report noncompliance (e.g., coding, ROI, CDI)
3. Maintain standards for Health Information functions (e.g., chart completion, coding accuracy, ROI turnaround time, departmental workflow)
4. Monitor regulatory changes for timely and accurate implementation

Domain 6 – Leadership (9-12%)

Tasks:

1. Provide education regarding Health Information laws and regulations
2. Review Health Information processes
3. Develop and revise policies and procedures (e.g., compliance, ROI, coding)
4. Establish standards for Health Information functions (e.g., chart completion, coding accuracy, ROI, turnaround time, departmental workflow)
5. Collaborate with other departments for Health Information interoperability
6. Provide Health Information subject matter expertise
7. Understand the principles and guidelines of project management