

NHA Certified Electronic Health Record Specialist (CEHRS) Detailed Test Plan* <i>100 scored items, 10 pretest items</i> <i>Exam Time: 1 hour 50 minutes</i>	# scored items
1. Software Applications and Equipment	24
A. Application Operation	12
1. Manage backup of EHR data (e.g., restore patient data)	
2. Execute EHR work flows within a healthcare facility (e.g., clinical and administrative protocols).	
3. Retrieve patient information from the EHR database.	
4. Store patient information in the EHR database.	
5. Acquire external patient data.	
6. Edit EHR with proper privileges.	
7. Perform routine EHR clinical and/or administrative tasks within a healthcare facility per facility protocols.	
8. Transmit patient data for external use (e.g., insurance, pharmacies, other providers).	
9. Execute software updates.	
10. Maintain inventory of software and hardware assets.	
11. Operate integrated devices with EHR software (e.g., scanners, fax machine, signature pads, cameras).	
12. Access clinical vocabularies in a health information system when appropriate.	
B. Practice Management	12
1. Maintain a provider database for the purpose of continuity of care.	
2. Develop clinical templates for data capture (e.g., by diagnosis, by procedure, by practice).	

*based on the results of the Job Analysis Study completed in 2011

3.	Coordinate patient flow within the office (e.g., scheduling, patient registration and verification, patient referrals).	
4.	Provide ongoing end-user training of EHR software	
5.	Provide end-user technical support of EHR software.	
6.	Edit existing searchable databases (e.g., code changes, patient demographics, insurance carriers).	
7.	Identify inconsistencies between patient information and practice management software.	
2. Insurance and Billing		20
A.	Enter coding and billing information in the EHR.	
B.	Abstract diagnoses and procedural descriptions from the medical record.	
C.	Enter diagnoses and procedural descriptions from the medical record into the EHR.	
D.	Generate insurance verification reports.	
E.	Generate patient statements.	
F.	Post payments to patient accounts at the time of visit.	
G.	Generate encounter forms/super bills.	
H.	Generate face/admission sheets.	
I.	Find codes in the ICD, CPT, and HCPCS manuals.	
3. Charting		25
A.	Monitor the provider documentation for completeness and accuracy.	
B.	Categorize patient's health information into a reliable and organized system that promotes error identification.	
C.	Enter live data into an EHR.	
D.	Assist clinicians with charting.	
E.	Locate requested information in a patient chart.	
F.	Execute file maintenance procedures (e.g., purging, archiving, finalizing, securing).	
G.	Audit charts to ensure compliance of proper charting.	

H. Document the link between effective charting and reimbursement for procedures performed by clinicians.	
4. Regulatory Compliance	21
A. Adhere to professional standards of care as they pertain to medical records.	
B. Maintain confidentiality of Protected Health Information (PHI) in compliance with HIPAA Privacy Rule and facility policy.	
C. Maintain security of Protected Health Information (PHI) in compliance with HIPAA Security Rule and facility policy.	
D. Detect threats to the security of electronic information	
E. Reconcile threats to the security of electronic information	
F. Audit compliance and report to proper enforcement officer.	
G. Release Protected Health Information (PHI) in accordance with HIPAA and facility policy.	
H. Participate in internal audits of medical records (e.g., consent forms, Release of Information forms (ROI), signature on file).	
I. Comply with patient safety standards regarding abbreviations in a health information system.	
J. Execute a plan for data recovery in the case of a catastrophic event.	
K. De-identify Protected Health Information (PHI) when directed.	
5. Reporting	10
A. Generate statistical reports for clinical Quality Improvement (QI) measures.	
B. Compile medical care and census data for continuity of care records (e.g., statistical reports on diseases treated, surgery performed, use of hospital beds for clinical audits).	
C. Generate statistical reports for financial Quality Improvement (QI) measures.	
D. Generate aging reports by guarantor or carrier.	
E. Generate financial analysis reports by provider, diagnosis, or procedure.	