2011 to 2019 CEHRS Test Plan Crosswalk

Crosswalk Section: The following bridges tasks on the 2011 CEHRS test plan with task statements on the 2019 CEHRS test plan.

2011 NHA Test Plan Number	TASK DESCRIPTION	2019 NHA TEST PLAN NUMBER	TASK AND KNOWLEDGE DESCRIPTION
1. 1.A.	*Software Applications and Equipment* **Application Operation**		
1.A.1.	Manage backup of EHR data (e.g., restore patient data)	4.K.	Initiate down-time procedures related to the EHR (e.g., data recovery). **See also 2011 task 4J**
1.A.2.	Execute EHR work flows within a healthcare facility (e.g., clinical and administrative protocols).	1.J.	Share information about updates to EHR software and the implications for workflow. **See also 2011 task 1A9**
1.A.3	Retrieve patient information from the EHR database.	1.D.	Retrieve patient information from internal databases (e.g., provider database, financial database) to integrate into a patient's EHR. **See also 2011 task 1B1**
1.A.4.	Store patient information in the EHR database.	1.B.	Collect, record, and continuously update patient information (e.g., demographic information, clinical data, coverages/financial/insurance, guarantors, patient preferences).
1.A.5.	Acquire external patient data.	1.E.	Acquire patient data from external sources (e.g., diagnostic laboratories, ancillary facilities, other health care providers, other EHR systems).
1.A.6.	Edit EHR with proper privileges.	4.F.	Verify and assist with compliance of access controls (i.e., privileges) within the EHR system. **See also 2011 task 4F**
1.A.7.	Perform routine EHR clinical and/or administrative tasks within a healthcare facility per facility protocols.	1.C.	Generate encounter documentation (e.g., admission/face sheet, labels, armbands). **See also 2011 task 2H**
1.A.8.	Transmit patient data for external use (e.g., insurance, pharmacies, other providers).	2.B.	Securely transmit and exchange patient data internally and externally (e.g., to pharmacies, other health care providers, other agencies) for research, analytics, and continuity of care.
1.A.9.	Execute software updates.	1.J.	Share information about updates to EHR software and the implications for workflow.

			See also 2011 task 1A2
1.A.10.	Maintain inventory of software and hardware assets.	1.G.	Maintain inventory of EHR-related hardware (e.g., e-signature pads, cameras, tablets, mobile devices).
1.A.11.	Operate integrated devices with EHR software (e.g., scanners, fax machine, signature pads, cameras).	1.F.	Import information into the EHR from integrated devices (e.g., scanners, fax machines, e-signature pads, cameras).
1.A.12.	Access clinical vocabularies in a health information system when appropriate.	2.G.	Provide support for computerized provider order entry (CPOE). **Parts of the original task on the 2011 test plan may correlate to this task on the 2019 test plan.**
1. **1.B.**	***Software and Applications*** **Practice Management**		
1.B.1.	Maintain a provider database for the purpose of continuity of care.	1.D.	Retrieve patient information from internal databases (e.g., provider database, financial database) to integrate into a patient's EHR. **See also 2011 task 1A3**
1.B.2	Develop clinical templates for data capture (e.g., by diagnosis, by procedure, by practice).	2.A.	Develop clinical templates for data capture (e.g., by diagnosis, by procedure, by practice).
1.B.3.	Coordinate patient flow within the office (e.g., scheduling, patient registration and verification, patient referrals).	1.H.	Coordinate patient flow within the facility (e.g., scheduling, patient registration and verification, check-in/check-out, patient referrals).
1.B.4.	Provide ongoing end-user training of EHR software	1.I.	Provide initial and ongoing end-user training of EHR software to maintain competency (e.g., for new hires, upgrades and deployments).
1.B.5.	Provide end-user technical support of EHR software.	1.I.	Provide initial and ongoing end-user training of EHR software to maintain competency (e.g., for new hires, upgrades and deployments).
1.B.6.	Edit existing searchable databases (e.g., code changes, patient demographics, insurance carriers).	1.B.	Collect, record, and continuously update patient information (e.g., demographic information, clinical data, coverages/financial/insurance, guarantors, patient preferences). **Parts of the original task on the 2011 test plan may correlate to this task on the 2019 test plan.**
1.B.7.	Identify inconsistencies between patient information and practice management software.	1.B.	Collect, record, and continuously update patient information (e.g., demographic information, clinical data,

				coverages/financial/insurance, guarantors, patient preferences). **Parts of the original task on the 2011 test plan may correlate to this task on the 2019 test plan.**
2.	**Insurance and Billing**			
2.A.	Enter coding and billing information in the EHR.	3.F.	Obtain and document authorizations in the EHR. **Authorizations are a component of billing**
2.B.	Abstract diagnoses and procedural descriptions from the medical record.	3.D.	Verify that all diagnoses and procedural descriptions for reimbursement are accurately documented in the EHR.
2.C.	Enter diagnoses and procedural descriptions from the medical record into the EHR.	3.C.	Enter the diagnosis and procedure codes billing information (e.g., from a superbill) into the EHR system for claims processing. **Parts of the original task on the 2011 test plan may correlate to this task on the 2019 test plan.**
2.D.	Generate insurance verification reports.	3.E.	Verify insurance and eligibility in the EHR.
2.E.	Generate patient statements.	3.H.	Navigate the EHR to provide patient statements.
2.F.	Post payments to patient accounts at the time of visit.	3.I.	Collect and post payments to a patient's account.
2.G.	Generate encounter forms/super bills.	3.B.	Navigate the EHR to create a superbill, encounter forms, fee slips, or charge forms.
2.H.	Generate face/admission sheets.	1.C.	Generate encounter documentation (e.g., admission/face sheet, labels, armbands). **Parts of the original task on the 2011 test plan may correlate to this task on the 2019 test plan.**
2.I.	Find codes in the ICD, CPT, and HCPCS manuals.	3.A.	Find codes in databases (e.g., International Statistical Classification of Diseases and Related Health Problems [ICD], Current Procedural Terminology [CPT], and Healthcare Common Procedure Coding System [HCPCS]).
3.	**Charting**			
3.A.	Monitor the provider documentation for completeness and accuracy.	2.C.	Review and monitor clinical documentation to ensure completeness and accuracy (e.g., self-review, peer-to-peer).
3.B.	Categorize patient's health information into a reliable and organized system that promotes error identification.	1.A.	Verify patient identifiers before documenting in the EHR to ensure information is recorded in the correct chart. **Parts of the original task on the 2011 test plan may correlate to this task on the 2019 test plan.**
3.C.	Enter live data into an EHR.	2.E.	Input real-time clinical data into the EHR.

			Parts of the original task on the 2011 test plan may correlate to this task on the 2019 test plan.
3.D.	Assist clinicians with charting.	2.D.	Provide point-of-care EHR support (e.g., at-the-elbow, remote) for clinical documentation.
3.E.	Locate requested information in a patient chart.	2.I.	Navigate the EHR system to retrieve requested patient data
3.F.	Execute file maintenance procedures (e.g., purging, archiving, finalizing, securing).	Removed	The task on the 2011 test plan was removed from the 2019 test plan.
3.G.	Audit charts to ensure compliance of proper charting.	2.C.	Review and monitor clinical documentation to ensure completeness and accuracy (e.g., self-review, peer-to-peer). Parts of the original task on the 2011 test plan may correlate to this task on the 2019 test plan.
3.H.	Document the link between effective charting and reimbursement for procedures performed by clinicians.	Removed	The task on the 2011 test plan was removed from the 2019 test plan.
4.	Regulatory Compliance		
4.A.	Adhere to professional standards of care as they pertain to medical records.	4.A.	Adhere to professional standards of care as they pertain to health records.
4.B.	Maintain confidentiality of Protected Health Information (PHI) in compliance with HIPAA Privacy Rule and facility policy.	4.B.	Maintain confidentiality and security of protected health information (PHI) in compliance with the HIPAA Privacy Rule, the Health Information Technology for Economic and Clinical Health (HITECH) Act, and facility policy.
4.C.	Maintain security of Protected Health Information (PHI) in compliance with HIPAA Security Rule and facility policy.	4.E.	Allocate access controls within the EHR system based on user roles and predetermined privileges. Parts of the original task on the 2011 test plan may correlate to this task on the 2019 test plan.
4.D.	Detect threats to the security of electronic information	4.D.	Identify non-compliant behaviors (e.g., sharing passwords, unlocked room) that represent threats to the security of electronic information.
4.E.	Reconcile threats to the security of electronic information	4.C.	Educate others regarding compliance with best practices to safeguard electronic information and assist with enforcement of compliant behaviors. Parts of the original task on the 2011 test plan may correlate to this task on the 2019 test plan.
4.F.	Audit compliance and report to proper enforcement officer.	4.F.	Verify and assist with compliance of access controls (i.e., privileges) within the EHR system.
4.G.	Release Protected Health Information (PHI) in accordance with HIPAA and facility policy.	4.H.	Release protected health information (PHI) in accordance with the HIPAA Privacy Rule and facility policy.

4.H.	Participate in internal audits of medical records (e.g., consent forms, Release of Information forms (ROI), signature on file).	4.I.	Participate in internal audits of the EHR (e.g., consent forms, release of information forms, signature on file).
4.I.	Comply with patient safety standards regarding abbreviations in a health information system.	4.J.	Comply with regulations regarding the use of abbreviations in the EHR system.
4.J.	Execute a plan for data recovery in the case of a catastrophic event.	4.K.	Initiate down-time procedures related to the EHR (e.g., data recovery). **See also 2011 task 1A1**
4.K.	De-identify Protected Health Information (PHI) when directed.	4.G.	De-identify protected health information (PHI).
5.	**Reporting**		
5.A.	Generate statistical reports for clinical Quality Improvement (QI) measures.	4.L.	Comply with the requirements of EHR incentive programs.
		5.E.	Generate statistical reports for quality improvement (QI) measures, productivity, metrics, and research. **See also 2011 task 5C**
		5.D.	Generate ad hoc clinical reports using fields in the EHR system.
			Parts of the original tasks on the 2011 test plan may correlate with tasks on the 2019 test plan.
5.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).	5.B.	Run and execute standardized clinical reports to track patient outcomes (e.g., by diagnosis, by procedure, by provider) for the support of continuity of care.
5.C.	Generate statistical reports for financial Quality Improvement (QI) measures.	5.E.	Generate statistical reports for quality improvement (QI) measures, productivity, metrics, and research. **See also 2011 task 5A**
		5.C.	Generate ad hoc financial reports using fields in the EHR system.
		5.F.	Compile data from the EHR for external reporting (e.g., for Meaningful Use/Quality Payment Program [QPP]).
5.D.	Generate aging reports by guarantor or carrier.	5.A.	Run and execute standardized financial reports (e.g., aging, carriers, financial guarantor, relative value, cost of procedures, prospective payment systems). **See also 2011 task 5E**

		5.C.	Generate ad hoc financial reports using fields in the EHR system.
5.E.	Generate financial analysis reports by provider, diagnosis, or procedure.	5.A.	Run and execute standardized financial reports (e.g., aging, carriers, financial guarantor, relative value, cost of procedures, prospective payment systems). **See also 2011 task 5D**

New Tasks **The following is a list of the tasks that will be new areas of coverage on the 2019 CEHRS test plan**	
2019 NHA CEHRS Test Plan Number	
1.K.	**Identify data discrepancies within and among multiple EHRs, practice management systems, and other software systems.**
1.L.	Report or reconcile data discrepancies within and among multiple EHRs, practice management systems, and other software systems.
1M	Provide support to patients regarding their use of patient portals (e.g., basic introduction, explain utility, grant access, navigation help).
2F	Document patient historic clinical data in the EHR (e.g., medications, immunizations, surgeries).
2H	Locate and provide patient education materials available within the EHR.
3G	Provide estimated patient costs.
5G	Verify the accuracy of generated reports prior to distribution (e.g., check for errors).

2011 Tasks Omitted from or Not appearing on the 2019 Test Plan:	
2011 NHA CEHRS Test Plan Number	
3.F.	Execute file maintenance procedures (e.g., purging, archiving, finalizing, securing).
3H	Document the link between effective charting and reimbursement for procedures performed by clinicians.