



THE CITY OF NEW YORK
DEPARTMENT OF CITYWIDE
ADMINISTRATIVE SERVICES
APPLICATIONS CENTER
18 WASHINGTON STREET
NEW YORK, NY 10004

REQUIRED FORMS

APPLICATION FORM
EDUCATION AND EXPERIENCE
TEST PAPER
FOREIGN EDUCATION
FACT SHEET
(IF APPLICABLE)
SPECIAL INSERT

MICHAEL R. BLOOMBERG
Mayor

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Commissioner

NOTICE OF EXAMINATION

MEDICAL RECORD SPECIALIST (HHC)
Exam. No. 2013
(For The New York City Health and Hospitals Corporation Only)

WHEN TO APPLY: From: September 4, 2002 **APPLICATION FEE: \$35.00**
To: September 24, 2002 *Payable only by money order to D.C.A.S. (EXAMS)*

THE TEST DATE: Multiple-choice test is expected to be held on **Saturday, December 14, 2002.**

WHAT THE JOB INVOLVES: Medical Record Specialists (HHC), under supervision, analyze, abstract, code or index patients' medical records in a municipal hospital, medical center component, skilled nursing facility or ambulatory care facility; perform related work.

(This is a brief description of what you might do in this position and does not include all the duties of this position.)

THE SALARY: The current minimum salary is \$31,540 per annum. This rate is subject to change.

HOW TO APPLY: If you believe that you meet the requirements in the "How to Qualify" section, refer to the "Required Forms" section below for the forms that you must fill out. Return all completed forms and the application fee to DCAS Applications Section, 1 Centre Street, 14th floor, New York, NY 10007 **by mail only**. Applications will not be accepted in person.

HOW TO QUALIFY:

Education and Experience Requirements: By the **last day of the Application Period** you must have:

A four-year high school diploma or its educational equivalent and

1. Completion of a medical record technology program or health information technology program approved by the American Health Information Management Association; or
2. A certificate issued upon completion of the Independent Study Program, or the Correspondence Course for Medical Record Personnel, from the American Health Information Management Association; or
3. Two years of satisfactory full-time experience in coding and abstracting medical records in a recognized hospital or health care institution.

Experience as a receptionist to a physician in private practice is not acceptable towards meeting the experience requirements.

You may be given the test before we check your qualifications.

Medical Requirement: In accordance with applicable Federal, state and local laws and regulations, the NYC Health and Hospitals Corporation has established medical standards for this position. Accordingly, all eligibles who have been offered a position will be required to undergo and pass a medical examination prior to the date of appointment to ensure that those medical standards have been met and that they can perform the essential functions of the position. During the medical examination eligibles will be subject to a drug screening test. Where appropriate, a reasonable accommodation will be provided for a person with a disability to enable him or her to take the medical examination, and/or to perform the essential functions of the job.

Residency: City residency is not required for this position.

English Requirement: Candidates must be able to understand and be understood in English.

READ CAREFULLY AND SAVE FOR FUTURE REFERENCE

Proof of Identity: Under the Immigration Reform and Control Act of 1986, you must be able to prove your identity and your right to obtain employment in the United States prior to employment with the New York City Health and Hospitals Corporation.

REQUIRED FORMS:

1. **Application for Examination:** Make sure that you follow all instructions included with your application form, including payment of fee. Save a copy of the instructions for future reference.
2. **Education and Experience Test Paper:** Write your social security number, the examination title and number in the box at the top right side of the cover page. Fill out Sections A.1, A.2, and B. This form must be filled out completely and in detail for you to receive your proper rating. Keep a copy of your completed Education and Experience Test Paper for your records.
3. **Special Insert:** Write your social security number at the top right corner of the Special Insert. This form must be filled out completely and in detail for you to receive your proper rating. Keep a copy of your completed Special Insert for your records.
4. **Foreign Education Fact Sheet (Required only if you need credit for your foreign education to meet the education and experience requirements):** If you were educated outside the United States, you must have your foreign education evaluated to determine its equivalence to education obtained in the United States. The services that are approved to make this evaluation are listed on the Foreign Education Fact Sheet included with your application packet. When you contact the evaluation service, ask for a "**document-by-document**" (**general**) evaluation of your foreign education. You must have one of these services submit its evaluation of your foreign education directly to the Department of Citywide Administrative Services no later than eight weeks from the last date for applying for this examination.

THE TESTS:

- I. Written test, weight 85, 70% required. The written test will be of the multiple-choice type and may include questions on abstracting information from medical records; distinguishing between primary and differential diagnoses, assigning ICD9CM and CPT4 codes; medical terminology, completing forms; filing; and other related areas.
- II. Education and experience test, weight 15, 70 required. You will receive a score of 70 points for meeting the education and experience requirements listed above. After these requirements are met, you will receive credit up to a maximum of 100 points on the following basis:

Additional Credit:

- (1) For satisfactory full-time experience, acquired within the past five years, in coding and abstracting medical records in a recognized hospital or health care institution, you will receive
 - (A) 5 points for at least one year but less than two years of experience; or
 - (B) 10 points for at least two years of experience.
- (2) In addition to the above, credit will be given for **one** of the following credentials either acquired within the past two years or actively maintained as follows:
 - (A) Ten points will be granted for certification by the American Health Information Management Association as a Certified Coding Specialist (CCS).
 - (B) Fifteen points will be granted for certification by the American Health Information Management Association as an Accredited Record Technician (ART) or as a Registered Health Information Technician (RHIT).
 - (C) Twenty points will be granted for certification by the American Health Information Management Association as a Registered Record Administrator (RRA) or as a Registered Health Information Administrator (RHIA).

To be considered actively maintained, the certificates noted above must be renewed by the American Health Information Management Association according to their requirements for maintenance.

Scores for both the multiple-choice test and the rated education and experience test will be weighted and combined to produce a final average score.

ADMISSION CARD: You should receive an Admission Card in the mail about 10 days before the date of the test. If you do not receive an Admission Card at least 4 days before the test date, you must go to the Examining Service Section, 1 Centre Street, 14th floor, Manhattan, to obtain a duplicate card.

THE TEST RESULTS: If you meet the education and experience requirements and pass the multiple-choice test, your name will be placed in score order on an HHC eligible list and you will be given a list number. You will be notified by mail of your test results. If you meet all requirements and conditions, you will be considered for appointment when your name is reached on the eligible list.

ADDITIONAL INFORMATION:

List Termination: The eligible list resulting from this examination will be terminated one year from the date it is established, unless extended by the NYC Health and Hospitals Corporation.

SPECIAL TEST ACCOMMODATIONS: If you plan to request special testing accommodations due to disability or an alternate test date due to your religious belief, follow the instructions included with the "Application for Examination."

The General Examination Regulations of the Department of Citywide Administrative Services apply to this examination and are part of this Notice of Examination. They are posted and copies are available in the Applications Center of the Division of Citywide Personnel Services, 18 Washington Street, NY, NY.

The New York City Health and Hospitals Corporation is an Equal Opportunity Employer.

Title Code No. 508110; Health Technician Occupational Group.

**For information about other exams, and your exam, or list status, call 212-669-1357
Internet: nyc.gov/html/dcas**

Social Security Number

**MEDICAL RECORD SPECIALIST (HHC)
EXAMINATION NO. 2013
SPECIAL INSERT**

This special insert must be completed and submitted with your application and your Education and Experience Test Paper for this examination. All information provided must be verifiable. Please answer the questions carefully and provide all requested information. Any false or inaccurate entries may result in your disqualification. Be sure to write in your social security number above. Do not write your name anywhere on this form.

1. Have you, or do you expect to have by September 24, 2002, certification by the American Health Information Management Association as a Certified Coding Specialist?

Yes

No

2. Have you, or do you expect to have by September 24, 2002, certification by the American Health Information Management Association as an Accredited Record Technician (ART) or as a Registered Health Information Technician (RHIT)?

Yes

No

3. Have you, or do you expect to have by September 24, 2002, certification by the American Health Information Management Association as a Registered Record Administrator (RRA) or as a Registered Health Information Administrator (RHIA)?

Yes

No

FOR QUESTIONS 1, 2 AND 3, YOU MUST COMPLETE THE INFORMATION BELOW::

Name of Certificate _____

Certificate No.: _____

Date Certificate Received _____/_____/_____
Month Year

Date Certificate Last Renewed _____/_____/_____
Month Year

Certificate Granted By: _____

Information you enter above will be used towards the rating on the Education & Experience part of this test and must be verifiable. If information is missing, illegible, unclear, or lacks necessary detail, you may receive a lower score on the test. You may be disqualified if your statements are found to be false, exaggerated, or misleading.