

Certification Council for Medical Audit Specialists



Recertification Handbook

Recertification Handbook

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Revised December 2011



Certification Council for Medical Audit Specialists

10200 W 44th Avenue, Suite 304

Wheat Ridge, CO 80033

(720) 881-6045

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Recertification

The Certification Council for Medical Audit Specialists (CMAS), also known as the Certification Council, provides a recertification process for the purpose of demonstrating professional competence in the practice of medical audit and a commitment to continued improvement in the skills and knowledge of Certified Medical Audit Specialists.

The CMAS recertification process covers three (3) basic principles:

- Evidence of cognitive expertise - This has already been fulfilled by successfully passing the certification examination.
- Evidence of professional standing – Demonstrated by active membership in the American Association of Medical Audit Specialist (AAMAS).
- Commitment to lifelong learning and involvement in periodic self assessment – This includes completion of CMAS approved educational activities and earning the required continuing education units within the recertification cycle period. The content of the education programs must meet the CMAS Core Curriculum Domains. Refer to the Domains as described in this handbook beginning on page 8.

The CMAS certification expires **three years** after notification of successful completion of the certification examination or subsequent recertification.

Recertification Requirements

1. Maintain continuous active membership in AAMAS, *and*
2. Complete **thirty-six (36) hours** of Continuing Education (CE) credits during the recertification period:
 - 2.1. The 36 Continuing Education (CE) credits can come from any combination of the four (4) Core Curriculum Domains.
3. The application deadline will be the expiration date indicated on your Certification card.
 - 3.1. EXAMPLE: If your card says “Valid 11/20/11 thru 11/20/14, the deadline for submission would be November 20, 2014.
 - 3.2. Applications received after the deadline will be subject to the applicable late fees.

Determination of Continuing Education Credit

The Certification Council applies the following continuing education credit formulas:

- One (1) contact hour = One (1) CMAS Continuing Education (CE) credit
- 1 CEU = 60 minutes or One (1) CME credit for Physicians

CMAS Approved Continuing Educational Programs

Continuing *educational program objectives*¹ required for CMAS recertification must meet the CMAS Core Curriculum Domains (Book of Knowledge). Refer to pages 8 through 10 of this handbook for the complete list of CMAS Core Curriculum Domains.

¹ Educational program objectives, also referred to as “Learning Objectives,” describe what the learner should achieve, accomplish or complete at the end of a learning or educational activity.

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Continuing Education credits may be obtained through one or a combination of the following activities:

1. AAMAS sponsored national conference
 - 1.1. Attending the conference or
 - 1.2. Presenting a workshop, general session, breakout session, or as a member of a panel discussion
 - 1.2.1. Four (4) continuing education hours are awarded for each one (1) hour of presentation.
 - 1.2.2. Repeat presentations of the same subject matter do not count as additional CE hours
2. CMAS approved state conferences
3. Attendance and completion of educational programs from any of the following government, professional and national trade organizations, provided that the *program objectives* meet the CMAS Core Curriculum Domain:
 - 3.1. AAPC – American Academy of Professional Coders
 - 3.2. ACHE – American College of Health Care Executives
 - 3.3. AHIA - Association of Healthcare Internal Auditors
 - 3.4. AHIMA – American Health Information Management Association
 - 3.5. AHLA - American Healthcare Lawyers Association
 - 3.6. ANCC - American Nurses Credentialing Commission
 - 3.7. CMS - Centers for Medicare and Medicaid sponsored educational activities to include e-learning activities administered by the Medicare Learning Network, conferences and workshops administered by CMS contractors, i.e., Quality Improvement Organization, Carrier, Fiscal Intermediaries, Medicare Administrative Contractors and other CMS business partners
 - 3.8. HCCA - Healthcare Compliance Association
 - 3.9. HFMA – Healthcare Financial Management Association
 - 3.10. HIMSS - Healthcare Information and Management Systems Society
 - 3.11. NAHQ - National Association for Healthcare Quality
 - 3.12. NHCAA - National Health Care Anti-Fraud Association
4. Attendance and completion of educational programs offered by other educational institutions, agencies and organizations not listed above. Continuing educational program objectives offered must meet the CMAS Core Curriculum Domains.
 - 4.1. To ensure approval of courses *not* offered by organizations outlined above, you may request a *pre-approval* of the educational program by sending an outline and/or a description of the objectives, a biography of the presenter/author, course content and the length of the presentation to ceu@aamas.org
5. E-learning educational or home study courses
 - 5.1. To ensure approval of courses, you may request a *pre-approval* of an educational program by sending an outline and/or description of the objectives, a biography of the presenter/author, course content, and the length of the presentation to ceu@aamas.org
6. Educational presentations, abstracts, or course materials developed and presented at other educational conferences, sessions, or workshops .
 - 6.1. Educational program objectives must meet the CMAS Core Curriculum Domains
 - 6.2. **NOTE:** Educational presentations/instructions and lectures given as part of your job or work responsibilities are not accepted for recertification. Courses taken in preparation for other examinations are not acceptable for CMAS CEUs; ex. AAPC or CCS test prep courses.
7. Acceptable college courses that demonstrate meeting the CMAS Core Curriculum Domain. Examples: Accounting/Finance, Statistics, Project Management (meets Domain 03: Audit Skill Section B)
 - 7.1. Each academic semester credit hour is equivalent to fifteen (15) CE credits taken within the recertification renewal cycle.
 - 7.2. A maximum of eighteen (18) hours in this area can be applied towards CMAS recertification. General education or clinical content are NOT accepted for this purpose; examples are English, History, Medical Surgical nursing, etc.

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Additional Opportunities to Earn CMAS CE Credits

1. AAMAS Board members may use AAMAS Board or committee meetings when topics covered are related to the improvement of the national organization and provide a benefit to the entire membership.
 - 1.1. A one-hour meeting is equivalent to one (1) continuing education credit up to a maximum of five (5) hours per day.
2. Contributing CMAS questions or items for the CMAS examination.
 - 2.1. Each item accepted earns 1.0 continuing education credit.
 - 2.2. A maximum of five (5) CE credits per recertification cycle may be earned this way. To participate as an item writer, contact Marilyn Balcita, RN CMAS at advisor@aamas.org

Recertification Procedure

1. A Recertification reminder will be sent by the Certification Council or its designee six (6) months before the recertification expiration date.
 - 1.1. Included in this reminder will be your **permanent CMAS number**. This number is required on all correspondence. This number is also on your Certification card.
2. Submission Process
 - 2.1. Complete the CMAS recertification application and CEU Tracking form(s)
 - 2.1.1. Attach copies of the certificates of attendance or completion to the CEU Tracking form(s).
 - 2.1.2. Include the recertification fee of \$125.00
 - 2.1.2.1. Credit card payments are accepted. Complete the credit card information at the bottom of the CMAS recertification application form.
 - 2.1.3. Send all of the above (application, CEU Tracking form(s), and certificates) to the address listed below.
 - 2.1.4. The documents may also be scanned and emailed to info@aamas.org.
 - 2.2. Applications must be postmarked on or before the expiration date on your Certification card.
 - 2.2.1. EXAMPLE: If your card says "Valid thru May 2012", the deadline for submission would be May 31, 2012
 - 2.2.2. Applications received after the deadline will be subject to the applicable late fee(s).
3. The CMAS Recertification Packet which includes the Application and Tracking form(s) can also be obtained on the AAMAS website at www.aamas.org/certification
4. The Application and Tracking form(s) are also included in this manual
5. Candidates with insufficient contact hours to recertify will receive a refund of their application fee *minus* a \$25.00 administrative fee.

Recertification Fee: \$125.00
Fee is payable to: AAMAS/Certification Council
AAMAS Tax ID 650573775

Mailing information:

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Additional Recertification Fees

One (1) to thirty (30) days

A late fee of \$100.00 will be assessed for failing to meet the recertification deadline. The late charge will be assessed in addition to the recertification fee. All the requirements for recertification must be met in addition to payment.

Thirty-one (31) days to One (1) Year

A fee of \$250 in addition to the late charge fee and recertification fee will be assessed for a CMAS who allows their certification to lapse between thirty-one (31) days and twelve months. The fee will be assessed to allow recertification without retesting. All requirements for recertification must be met in addition to payment.

After One (1) Year

A CMAS who has allowed their certification to lapse longer than twelve months and who wishes to recertify must:

- Meet all current requirements for certification *and*
- Retake the certification examination.

Refer to the current Candidate Handbook for all requirements.

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CMAS Core Curriculum Domain Book of Knowledge (BOK)

I. Core Domain 01: Professional Standards and Audit Behavior (8%)

- Participate in goal setting, strategic planning, and mission/vision development activities
- Integrate code/standards of conduct policies in performance of medical audit activity
- Establish/monitor appropriate patient access and confidentiality policies
- Establish/participate in enforcing expectations and systems of accountability
- Apply principles of objectivity in performance of medical audit activity
- Develop/monitor effectiveness of internal control policies
- Apply principles of independence in performance of medical audit activity

II. Core Domain 02: Medical Audit Process and Methodology (58%)

A. Investigate and Verify Charges Against Medical Record Documentation

- Inpatient Hospital
- Outpatient Hospital
- Physician
- Ambulatory Centers
- SNF/LTC/Rehab

B. Audit Process, Work Flow, and Audit Findings

- Plan/discuss pre-audit process
- Line by line bill audit
- Validate eligibility/benefits
- Apply third party payment rules
- Review/audit accuracy of UB-04
- Assign/validate ICD-9-CM codes
- Assign/validate MS DRG codes
- Assign/validate E and M codes
- Apply official coding rules
- Assign/validate revenue codes
- Audit billing/claims systems for accuracy and timeliness
- Conduct focused and target audits
- Write audit report using standard format
- Develop pre-audit procedures and tools
- Use statistically generated audit samples
- Post audit conference and discussion
- Conduct exit interview
- Review/audit accuracy of CMS 1500
- Assign/validate CPT codes
- Assign/validate APC codes
- Apply Correct Coding Initiative rules
- Assign/validate Physician Fee Schedule
- Assign/validate HCPCS II

C. Other Relevant Medical Audit Responsibilities

- Update/review/maintain charge description master (CDM)
- Provide clinical interpretation and guidance to fellow auditors and staff
- Recommend/approve/monitor use of external auditors or subcontractors
- Apply medical necessity rules in audit activity
- Apply utilization review criteria and protocols in medical audit activity
- Apply coding rules in medical audit activity
- Apply regulatory and legislative policies in medical audit activity
- Report identified and potential quality and risk management issues
- Participate/conduct interrater reliability (IRR) and validation exercises
- Develop/update data base for tracking and trending medical audit findings
- Prepare/submit cost benefit and financial impact analysis reports

D. Quality Improvement Activities, Education and Training

- Develop/update/maintain/disseminate training manuals and educational materials
- Participate in education and training of staff
- Develop Quality Assurance/Improvement policies and procedures
- Monitor productivity levels of staff
- Recommend process improvement solutions

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E. Compliance and Special Investigations

- Develop risk assessment surveys
- Conduct due diligence and compliance audits using set rules, policies and procedures
- Prepare audit workpapers and report findings
- Develop compliance programs
- Investigate compliance reports and issues
- Recommend/monitor disciplinary and corrective action plans
- Collaborate/cooperate with external and regulatory auditors
- Monitor/apply Office of Inspector General and General Services Administration sanction list
- Interpret/apply/disseminate laws, accreditation, licensure and certification mandates

F. Contracts and Negotiations

- Review/write contracts
- Negotiate with external auditors
- Negotiate with payors

G. Denial and Appeals Management

- Track and review denied claims
- Write appeal letters
- Participate in denial and appeal discussion and follow-ups
- Conduct adjustments and payments
- Recommend business process rules

H. Health Information Management (Medical Records)

- Abstract/collect records for department indices/databases/registries
- Collect data for internal/external use (Quality Assurance, Utilization Management, Risk Management and other related studies)
- Perform quantitative and qualitative analysis
- Calculate and interpret healthcare statistics
- Monitor and enforce JCAHO standards on Health Information Management
- Evaluate software and coding systems
- Maintain record storage and filing systems
- Monitor credentialing programs

I. Informatics and Technology

- Email, word processing, spreadsheets and databases
- Graphics, flow chart, and presentation tools
- Statistical applications
- Project Management tools
- Other commercial billing and auditing systems, homegrown systems, coding systems and antifraud software

III. Core Domain 03: Audit Skill (21%)

A. Interaction and Communication

- Physicians
- Nurses and other clinical practitioners
- Senior management team
- Legal Counsel/Attorneys
- External auditors
- Regulatory auditors

B. Specific Knowledge and Skill Set

- Accounting/Finance
- Problem Solving
- Statistics
- Quantitative and Qualitative Analysis
- Nursing Process
- Clinical Judgment
- Project Management
- Programming and Configuration
- Health Information Mgt. Principles
- Proposal Writing
- Research
- Negotiating

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C. Leadership and Management

- Prepare/submit budget
- Hire/recommend/terminate staff
- Develop productivity, quality control, and process improvement measures
- Conduct performance appraisals
- Develop departmental policies and procedures
- Develop strategic plans, goals and objectives for unit/dept assigned
- Participate in internal/external work groups/committees
- Supervise billers/patient accounting or claims personnel
- Supervise coding, Medical Transcription or Health Information Management personnel
- Supervise nursing or clinical staff

IV. Core Domain 04: Medical Audit Environment (13%)

Application of Laws, Guidance, Standards, Guidelines and Other Accrediting Body Requirements

- National Healthcare Billing Audit Guidelines
- Federal and State mandated laws
- Office of Inspector General Compliance Guidance
- General Accepted Accounting Principles
- Medicare/Medicaid Policies
- National and Local Coverage Determination
- National Committee for Quality Assurance
- Health Insurance Portability And Accountability Act of 1996
- Medicare Integrity Program
- US Sentencing Rules
- Joint Commission on the Accreditation of Healthcare Organizations (JCAHO)
- Interpretative Guidelines, UM criteria, standards and protocols
- HEDIS and Quality Measures
- Sarbanes-Oxley Act
- General Health Insurance reimbursement methodologies
- Employee Retirement Income Security Act (ERISA)

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