



AAMAS

Continuing Education Activity Application

The content of the activity **must** relate to the Certified Medical Audit Specialist (CMAS) Core Curriculum Domains (Body of Knowledge) in order to enrich knowledge, improve skills and develop attitudes for the enhancement of the practice of medical audit. The Certification Council of the American Association of Medical Audit Specialists (AAMAS) will deny approval to programs that fail to meet the Certification Council's requirements and expectations.

An educational activity is a planned organized effort, either presenter-directed or learner-paced aimed at accomplishing educational objectives. An activity, once approved, may be presented once or repeated at any time over a one-year period.

Prior to completing this application, please read all instructions completely.

All documentation requirements must be completed prior to approval of the activity.

Fee schedule...

State Medical Audit Associations (recognized by AAMAS)

Each contact hour *\$15/hr

*Up to \$100 maximum

When calculating the fee round the number of contact hours up to the next whole number.

All others

0.5 - 8 contact hour(s) \$150

9 - 16 contact hours \$175

Continue to add \$10 per contact hour.

When calculating the fee round the number of contact hours up to the next whole number.

Instructions

The application must be received by the chairperson of the Certification Council 30 days before the presentation.

PO Box 47609
San Antonio, TX 78265

phone {210} 792-2251
fax {866} 851-6715
www.aamas.org

*AAMAS is the parent organization
of the Certification Council*



Applications can be mailed, faxed, or e-mailed:

Attn: Certification Council Chairperson
AAMAS
P.O. Box 47609
San Antonio, TX 78265-8609
Fax: 866.851.6715
E-mail: admin@aamas.org

You may also call: 210.792.2251 if there are questions about completing this application.

Payment can be made by credit card or by check. If the reviewer requests revisions or corrections, you must submit the revised materials within the time frame the reviewer gives you in the request. The reviewer must have sufficient time to review the revised materials before the first presentation date. If the materials are not received within that time frame, **your application will be denied.**

*The application must contain: 1. A short biography of each presenter/author, 2. The title of the presentation, 3. An outline/description of the content presented, 4. The time frame in minutes, and, 5. The number of the CMAS Core Curriculum Domain (Body of Knowledge) to which the presentation is related.

*Refer to the 4th paragraph of **Verifying Participation and Successful Completion by the Participant**

CMAS Core Curriculum Domains (Body of Knowledge)

Core Curriculum Domain 01: Professional Standards and Audit Behavior

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

Core Curriculum Domain 02: Medical Audit Process and Methodology

02.01 Investigate and Verify Charges Against Medical Record Documentation

- **02.01.01** Inpatient Hospital
- **02.01.02** Physician

- **02.01.03** Outpatient Hospital
- **02.01.04** Ambulatory Center
- **02.01.05** SNF/LTC/Rehab

02.02 Audit Process, Work Flow and Audit Findings

- **02.02.01** Audit Process: Plan/discuss pre-audit process
- **02.02.02** Audit Process: Line by line bill audit
- **02.02.03** Validate eligibility/benefits
- **02.02.04** Apply third party payment rules
- **02.02.05** Review/audit accuracy of UB-04
- **02.02.06** Assign/validate ICD-9-CM codes
- **02.02.07** Assign/validate MS DRG codes
- **02.02.08** Assign/validate E and M codes
- **02.02.09** Apply official coding rules
- **02.02.10** Assign/validate revenue codes
- **02.02.11** Audit billing/claims systems for accuracy and timeliness
- **02.02.12** Conduct focused and target audits
- **02.02.13** Write audit report using standard format
- **02.02.14** Develop pre-audit procedures and tools
- **02.02.15** Use statistically generated audit samples
- **02.02.16** Post audit conference and discussion
- **02.02.17** Conduct exit interview
- **02.02.18** Review/audit accuracy of CMS 1500
- **02.02.19** Assign/validate CPT codes
- **02.02.20** Assign/validate APC codes
- **02.02.21** Apply Correct Coding Initiative rules
- **02.02.22** Assign/validate Physician Fee Schedule
- **02.02.23** Assign/validate HCPCS II

02.03 Other Relevant Medical Audit Responsibilities

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

02.04. Quality Improvement Activities, Education and Training

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

02.05. Compliance and Special Investigations

- **02.05.01** Develop risk assessment surveys
- **02.05.02** Conduct due diligence and compliance audits using set rules, P/P
- **02.05.03** Prepare audit work papers and report findings
- **02.05.04** Develop compliance programs
- **02.05.05** Investigate compliance reports and issues
- **02.05.06** Recommend/monitor disciplinary and corrective action plans
- **02.05.07** Collaborate/cooperate with external and regulatory auditors
- **02.05.08** Monitor/apply OIG and GSA sanction list
- **02.05.09** Interpret/apply/disseminate laws, accreditation, licensure and certification mandates

02.06. Contracts and Negotiations

- **02.06.01** Review/write contracts
- **02.06.02** Negotiate w/ external auditors
- **02.06.03** Negotiate with payors

02.07. Denial and Appeals Management

- **02.07.01** Track and review denied claims
- **02.07.02** Write appeal letters
- **02.07.03** Participate in denial and appeal discussion and follow-ups
- **02.07.04** Conduct adjustments and payments
- **02.07.05** Recommend business process rules

02.08. Health Information Management (Medical Records)

- **02.08.01** Abstract/collect records for department indices/databases/registries
- **02.08.02** Collect data for internal/external use (QA, UM, RM & other related studies)
- **02.08.03** Calculate and interpret healthcare statistics
- **02.08.04** Perform quantitative and qualitative analysis
- **02.08.05** Monitor and enforce JCAHO standards on Health Information Management
- **02.08.06** Evaluate software and coding systems
- **02.08.07** Maintain record storage and filing systems

- **02.08.08** Monitor credentialing programs

02.09. Informatics and Technology

- **02.09.01** Email
- **02.09.02** Word processing tools
- **02.09.03** Spreadsheets and databases
- **02.09.04** Graphics, flow charts and presentation tools
- **02.09.05** Statistical applications
- **02.09.06** Project Management tools
- **02.09.07** Other commercial billing and auditing systems
- **02.09.08** Homegrown systems
- **02.09.09** Coding systems
- **02.09.10** Antifraud software

Core Curriculum Domain 03: Audit Skill

03.01. Interaction and Communication

- **03.01.01** Physicians
- **03.01.02** Nurses and other clinical practitioners
- **03.01.03** Senior management team
- **03.01.04** Legal Counsel/Attorneys
- **03.01.05** External auditors
- **03.01.06** Regulatory auditors

03.02. Specific Knowledge and Skill Set

- **03.02.01** Accounting/Finance
- **03.02.02** Problem Solving
- **03.02.03** Statistics
- **03.02.04** Quantitative and Qualitative Analysis
- **03.02.05** Project Management
- **03.02.06** Programming and Configuration
- **03.02.07** Proposal Writing
- **03.02.08** Nursing Process
- **03.02.09** Clinical Judgment
- **03.02.10** Health Information Mgt. Principles
- **03.02.11** Research
- **03.02.12** Negotiating

03.03. Leadership and Management

- **03.03.01** Prepare/submit budget
- **03.03.02** Hire/recommend/terminate staff

- **03.03.03** Develop productivity, quality control, and process improvement measures
- **03.03.04** Conduct performance appraisals
- **03.03.05** Develop departmental policies and procedures
- **03.03.06** Develop strategic plans, goals and objectives for unit/dept assigned
- **03.03.07** Participate in internal/external work groups/committees
- **03.03.08** Supervise billers/patient accounting or claims personnel
- **03.03.09** Supervise coding, MT or HIM personnel
- **03.03.10** Supervise nursing or clinical staff

Core Curriculum Domain 04: Medical Audit Environment

- **04.01.01** National Health Care Billing Audit Guidelines
- **04.01.02** Federal and State mandated laws
- **04.01.03** Office of Inspector General Compliance Guidance
- **04.01.04** General Accepted Accounting Principles
- **04.01.05** AICPA Standards
- **04.01.06** NCQA/HEDIS Standards
- **04.01.07** JCAHO
- **04.01.08** HIPAA
- **04.01.09** Medicare/Medicaid Policies
- **04.01.10** National and Local Coverage Determination
- **04.01.11** Medicare Integrity Program
- **04.01.12** US Sentencing Rules
- **04.01.13** UM/UR criteria, standards and protocols
- **04.01.14** Sarbanes-Oxley Act
- **04.01.15** Health Insurance reimbursement methodologies

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Awarding of Contact Hours

Specify the number of contact hours being requested. The appropriate measure of credit is the 60 minute contact hour. A contact hour is 60 minutes of an organized learning activity that is either a didactic or an independent study. The minimum number of contact hours to be awarded is one-half (i.e. 0.5). Welcome, introductions, breaks, and viewing of exhibits are not included in the calculation of contact hours. Evaluation is considered part of the learning activity.

For **presenter-directed activities**, add the total number of minutes and divide the sum by 60. The result is the total number of contact hours for the activity. (Rounding is not allowed. Please use one place to the right of the decimal point.)

For learner-paced activities, provide a detailed explanation of the rationale used to determine the number of contact hours to be awarded. Pilot-testing is a method commonly used to determine the number of contact hours to be awarded for a self-directed study.

Verifying Participation and Successful Completion by the Participant

1. Verification of participation may be achieved by a variety of methods, i.e., roll call, sign in sheets, self-reported attendance, or a return of evaluation tools.
2. Successful completion may be achieved by a variety of methods, i.e., submission of a written post-test, self-reported level of achievement of objectives, evaluation, discussion with presenters, attendance at the entire activity, etc.
3. Participants receive written verification of successful completion through a document that reflects the following:
 - a. Provider name and address
 - b. Name of participant
 - c. Title of the activity
 - d. Number of contact hours awarded with the number of the CMAS Core Curriculum Domain
 - e. Day, month, and year of the activity presentation
 - f. City and state in which the activity was presented, (if presenter directed)
 - g. Certification Council approval statement

*If the presentation has been granted contact hours by a state nurses association accredited through the American Nurses Credentialing Center's Commission on Accreditation (ANCC COA) or through the American Health Information Management Association (AHIMA), this will meet the requirements with the addition of the number of the CMAS Core Curriculum Domain (Body of Knowledge) to which the presentation is related. The number of the CMAS Curriculum Domain must appear next to the name of the presentation on the CMAS Continuing Education Application Form.

Evaluation

The evaluation tool for presenter-directed and self-directed activities must address:

1. Effectiveness of teaching strategies
2. Expertise of each presenter or (for self directed activities) the effectiveness of the teaching resource.
 - a. For self directed activities, the post test may be used in place of the evaluation tool.

Checklist for Completed Application

The following is provided to assist the applicant. The checklist is not to be sent with the application.

A completed application must include:

- ___ A biography for each presenter/author
- ___ The title of each presentation
- ___ An outline/description of the content to be presented
- ___ The time frame of the presentation in minutes
- ___ A completed CMAS Continuing Education Application Form
- ___ Payment made to the Certification Council of the American Association of Medical Audit Specialists (AAMAS)

Approval

After the application is approved, the sponsoring organization will receive a confirmation letter containing the number of approved CEU's.

Once approved, the program may be advertised by using the following statement: **"This program has been approved for Certified Medical Audit Specialist (CMAS) continuing education units (CEU's) for use in fulfilling the continuing education requirements of the Certification Council of the American Association of Medical Audit Specialists (AAMAS)."**



Certification Council for Medical Audit Specialists

P.O. Box 47609
 San Antonio, TX 78265-8609
 (210) 792-2251

CMAS Continuing Education Application Form

 Program Administrator Name

 Telephone

 Organization Name

 Fax

 E-mail

 Organization Address

Date of First Presentation	Designate CMAS Core Curriculum Domain (BOK) met				Program Title and Location	Presenter-Directed	Learner-Paced	Number of CMAS contact hours requested
	1	2	3	4				

Attach check or credit card information: Credit card type (please check one): American Express VISA Discover MasterCard
 Credit Card# _____ CVV _____ Expiration Month _____ Year _____
 Name as it appears on credit card _____

1. Example of written verification of successful completion for a single presentation or when multiple presentations are from a single domain:

Certificate of Successful Completion

Name of Activity Provider

Address of Activity Provider

certifies that

Name of Participant

has been awarded _____ CMAS contact hours from Domain _____ for

Title of Your Educational Activity

This the _____ day of _____, 20_____

Location of Activity (City and State)

This program has been approved for CMAS continuing education units (CEU's) for use in fulfilling the continuing education requirements of the Certification Council of the American Association of Medical Audit Specialists (AAMAS).

2. Example of written verification of successful completion for multiple presentations from multiple domains:

Certificate of Successful Completion

Your Organization

Address

Title of Presentation or Conference

This program has been approved for CMAS continuing education units (CEU's) for use in fulfilling the continuing education requirements of the Certification Council of the American Association of Medical Audit Specialists (AAMAS).

Name _____

Email Address _____

Mailing Address _____

Phone (Home) _____ (Work) _____

I verify that I have attended and completed for each session as indicated below. I have earned the number of contact hours as indicated on this form. You must be present for the whole presentation to receive contact hours for each speaker. At the end of the presentation please total the number of contact hours earned.

Date				Your Initials	CMAS Contact Hours	Domain
Example:	Time	Speaker	Topic			

Sign this form verifying your attendance at these sessions: _____