

## Certified Medical Audit Specialist Common Body of Knowledge

### Core Curriculum Domain 01: Professional Standards and Audit Behavior (8%)

<p><b>01.01.01</b> Participate in goal setting, strategic planning, and mission/vision development activities</p> <p><b>01.01.02</b> Integrate code/standards of conduct policies in performance of medical audit activity</p> <p><b>01.01.03</b> Establish/monitor appropriate patient access and confidential policies</p>	<p><b>01.01.04</b> Establish/participate in enforcing expectations and systems of accountability</p> <p><b>01.01.05</b> Apply principles of objectivity in performance of medical audit activity</p>	<p><b>01.01.06</b> Develop/monitor effectiveness of internal control policies</p> <p><b>01.01.07</b> Apply principles of independence in performance of medical audit activity</p>
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### Core Curriculum Domain 02: Medical Audit Process and Methodology (Total = 58%)

#### 02.01 Investigate and Verify Charges Against Medical Record Documentation (5%)

<p><b>02.01.01</b> Inpatient Hospital</p> <p><b>02.01.02</b> Physician</p>	<p><b>02.01.03</b> Outpatient Hospital</p> <p><b>02.01.04</b> Ambulatory Center</p>	<p><b>02.01.05</b> SNF/LTC/Rehab</p>
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#### 02.02 Audit Process, Work Flow and Audit Findings (19%)

<p><b>02.02.01</b> Audit Process: Plan/discuss pre-audit process</p> <p><b>02.02.02</b> Audit Process: Line by line bill audit</p> <p><b>02.02.03</b> Validate eligibility/benefits</p> <p><b>02.02.04</b> Apply third party payment rules</p> <p><b>02.02.05</b> Review/audit accuracy of UB-04</p> <p><b>02.02.06</b> Assign/validate ICD-9-CM codes</p> <p><b>02.02.07</b> Assign/validate MS DRG codes</p> <p><b>02.02.08</b> Assign/validate E and M codes</p>	<p><b>02.02.09</b> Apply official coding rules</p> <p><b>02.02.10</b> Assign/validate revenue codes</p> <p><b>02.02.11</b> Audit billing/claims systems for accuracy and timeliness</p> <p><b>02.02.12</b> Conduct focused and target audits</p> <p><b>02.02.13</b> Write audit report using standard format</p> <p><b>02.02.14</b> Develop pre-audit procedures and tools</p> <p><b>02.02.15</b> Use statistically generated audit samples</p> <p><b>02.02.16</b> Post audit conference and discussion</p>	<p><b>02.02.17</b> Conduct exit interview</p> <p><b>02.02.18</b> Review/audit accuracy of CMS 1500</p> <p><b>02.02.19</b> Assign/validate CPT codes</p> <p><b>02.02.20</b> Assign/validate APC codes</p> <p><b>02.02.21</b> Apply Correct Coding Initiative rules</p> <p><b>02.02.22</b> Assign/validate Physician Fee Schedule</p> <p><b>02.02.23</b> Assign/validate HCPCS II</p>
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#### 02.03 Other Relevant Medical Audit Responsibilities (10%)

<p><b>02.03.01</b> Update/review/maintain charge description master (CDM)</p> <p><b>02.03.02</b> Provide clinical interpretation and guidance to fellow auditors and staff</p> <p><b>02.03.03</b> Recommend/approve/monitor use of external auditors or subcontractors</p> <p><b>02.03.04</b> Apply medical necessity rules in audit activity</p>	<p><b>02.03.05</b> Apply utilization review criteria and protocols in medical audit activity</p> <p><b>02.03.06</b> Apply coding rules in medical audit activity</p> <p><b>02.03.07</b> Apply regulatory and legislative policies in medical audit activity</p> <p><b>02.03.08</b> Report identified and potential quality and risk management issues</p>	<p><b>02.03.09</b> Participate/conduct interrater reliability (IRR) and validation exercises</p> <p><b>02.03.10</b> Develop/update data base for tracking and trending medical audit findings</p> <p><b>02.03.11</b> Prepare/submit cost benefit and financial impact analysis reports</p>
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#### 02.04. Quality Improvement Activities, Education and Training (4%)

<p><b>02.04.01</b> Develop/update/maintain/disseminate training manuals and educational materials</p> <p><b>02.04.02</b> Participate in education and training of staff</p>	<p><b>02.04.03</b> Develop Quality Assurance/Improvement policies and procedures</p> <p><b>02.04.04</b> Monitor productivity levels of staff</p>	<p><b>02.04.05</b> Recommend process improvement solutions</p>
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#### 02.05. Compliance and Special Investigations (6%)

<p><b>02.05.01</b> Develop risk assessment surveys</p> <p><b>02.05.02</b> Conduct due diligence and compliance audits using set rules, P/P</p> <p><b>02.05.03</b> Prepare audit workpapers and report findings</p>	<p><b>02.05.04</b> Develop compliance programs</p> <p><b>02.05.05</b> Investigate compliance reports and issues</p> <p><b>02.05.06</b> Recommend/monitor disciplinary and corrective action plans</p>	<p><b>02.05.07</b> Collaborate/cooperate with external and regulatory auditors</p> <p><b>02.05.08</b> Monitor/apply OIG and GSA sanction list</p> <p><b>02.05.09</b> Interpret/apply/disseminate laws, accreditation, licensure and certification mandates</p>
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#### 02.06. Contracts and Negotiations (2%)

<p><b>02.06.01</b> Review/write contracts</p>	<p><b>02.06.02</b> Negotiate w/ external auditors</p>	<p><b>02.06.03</b> Negotiate with payors</p>
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**02.07. Denial and Appeals Management (3%)**

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

**02.08. Health Information Management (Medical Records) (4%)**

<b>02.08.01</b>	Abstract/collect records for department indices/databases/registries	<b>02.08.04</b>	Perform quantitative and qualitative analysis	<b>02.08.07</b>	Maintain record storage and filing systems
<b>02.08.02</b>	Collect data for internal/external use (QA, UM, RM & other related studies)	<b>02.08.05</b>	Monitor and enforce JCAHO standards on Health Information Management	<b>02.08.08</b>	Monitor credentialing programs
<b>02.08.03</b>	Calculate and interpret healthcare statistics	<b>02.08.06</b>	Evaluate software and coding systems		

**02.09. Informatics and Technology (5%)**

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

**Core Curriculum Domain 03: Audit Skill (Total =21%)**

**03.01. Interaction and Communication (6%)**

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

**03.02. Specific Knowledge and Skill Set (12%)**

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

**03.03. Leadership and Management (6%)**

<b>03.03.01</b>	Prepare/submit budget	<b>03.03.05</b>	Develop departmental policies and procedures	<b>03.03.08</b>	Supervise billers/patient accounting or claims personnel
<b>03.03.02</b>	Hire/recommend/terminate staff	<b>03.03.06</b>	Develop strategic plans, goals and objectives for unit/dept assigned	<b>03.03.09</b>	Supervise coding, MT or HIM personnel
<b>03.03.03</b>	Develop productivity, quality control, and process improvement measures	<b>03.03.07</b>	Participate in internal/external work groups/committees	<b>03.03.10</b>	Supervise nursing or clinical staff
<b>03.03.04</b>	Conduct performance appraisals				

**Core Curriculum Domain 04: Medical Audit Environment (13%)**

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