Council for Certification of Medical Auditors, Inc.

Candidate Handbook

2019 Edition

Council for Certification of Medical Auditors, Inc.
508 Pat Booker Road – Suite 5021
Universal City, TX 78148
(210) 880-2848

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Introduction

The Council for Certification of Medical Auditors, Inc. (CCMA), also known as the "Certification Council", is the sole credentialing authority for Certified Medical Audit Specialists (CMAS). The organization is comprised of professionals from various medical care reimbursement backgrounds. The CMAS disciplines represented within CCMA include but are not limited to hospital bill auditors, compliance auditors, medical fraud and abuse auditors, independent review consultants, pre-certification, utilization review, case management, physician advisor, risk management, medical records review, quality assurance, and representation through various health plans. (Indemnity, HMO, PPO, POS, TPA, Federal and State Payers etc.).

Mission Statement

The Council for Certification of Medical Auditors strives for excellence in medical audit through the establishment of professional standards and ethical practice. The organization also provides support for the Certified Medical Audit Specialist (CMAS) through on-going education and certification testing.

Vision Statement

The Council for Certification of Medical Auditors is the organization that aspires to be the nationally recognized leader for excellence in the practice of medical audit by credentialing professional medical audit specialists and keeping these credentials continually updated in the face of changing healthcare reimbursement.

The Council for Certification of Medical Auditors

CCMA is responsible for all aspects of the certification and education process. We are dedicated to maintaining and developing the standards of the body of audit knowledge. This body of knowledge may include but is not limited by; functions performed by chart, quality, compliance and HEDIS auditors. Our officers, members and consultants maintain and update the testing context as laws and regulations change; screen candidates; conduct surveys for appropriateness of testing material; and maintain the registry of exam participants.

Nondiscrimination Policy

CCMA does not discriminate among candidates on the basis of age, gender, race, color, religion, national origin, disability, marital status, or sexual preference.

Earning CMAS Credentials

As you are preparing for your examination, it is important to understand the reasoning behind professional certification. Through professional certification, legitimacy is bestowed upon a body of work and a separate and unique entity becomes established. In addition, a profession is able to establish a code of conduct, standards, and expectations for behavior. Through our professional association, we are proud to promote excellence and visibility by providing you the ability to earn the designation of Certified Medical Audit Specialist (CMAS). Its designation demonstrates an acquired body of knowledge and expertise in the field of medical audit.

We believe that certification of medical auditors as specialists will provide a standard set of expectations for employers and provide a mechanism for the establishment of formal medical audit programs. Although medical auditors are found in multiple health care settings such as hospitals, physician practices, insurance companies, private and commercial audit companies, consulting firms, government contracted agencies, and the US government itself, they all share common skills.

Building upon the basic skill and history of hospital bill audit, the profession of medical auditing has expanded to meet the growing role of the medical auditors. Medical auditors have become an invaluable member of the medical finance community. CCMA recognizes its expanding role and growing expectations. This examination touches upon multiple areas of health care reimbursement and finance issues, as well as the unique aspect of clinical medicine. Medical auditors are challenged by governmental compliance issues, managed care complexities, and contractual reimbursement arrangements, as well as by bridging the chasm between the health care financial world and the clinical operational setting.

By utilizing a fact based, well-defined approach, the conduct of medical audit communication between entities will be enhanced. The ability of the auditors to move between different audit settings will be promoted through the use of standards, rules, guidelines, and expectations rather than opinion and self-proclaimed policy.

An individual awarded the CMAS credential agrees to conduct himself/herself in an ethical and professional manner. This includes demonstrating behavior that is indicative of professional integrity. By accepting the certification requirements, the candidate agrees to uphold the values and ethics notated in the guidelines outlined in the National Health Care Billing Audit Guidelines.
Earning the credential of Certified Medical Audit Specialist (CMAS) grants the medical auditor the use of the CMAS credential in all professional communications such as on letterheads, stationary, business cards, official letters, directory listings and other areas where his/her professional signature is required.

CMAS Certification

Eligibility Requirements

To be eligible to take the CMAS certification examination, an applicant must be a current member of a recognized revenue integrity organization or quality management organization such as HFMA, HCCA, AAPC, AHIA, plus have 24 months (2 years) 0 of authenticated health care audit experience (minimum of 20 hrs. /week) including but not limited to UB-04, CMS-1500, stop-loss, managed care terminology. Contracting, itemized statement et al. Core Curriculum Domains (page 7) reflects the break down percentages of each domain on the exam. Educational requirements -- a minimum of 60 college semester units **or** a licensed health care professional (a diploma in nursing meets the educational requirement). By virtue of your admittance to the CMAS certification examination, you are expected to possess minimum knowledge to pass and to research areas of skill in which you feel you need to concentrate.

Arrangements for the administration of the exam are available nationwide at the discretion of CCMA. Details for onsite testing can be found on the CCMA website: www.cmasorg.com or send an e-mail to info@certifiedmedicalauditor.com.

Documentation of Eligibility

To be considered a fully qualified candidate, the application packet must contain the official CMAS application form, an up-to-date resume and the examination fee. No applications will be accepted at the testing site.

Confirmation of Eligibility

A confirmation letter of eligibility will be sent to an applicant after qualifications and auditing experience has been verified.

Application Process

Application Form

The application form can be found at the CCMA website http://www.cmasorg.com under the Certification tab and select Becoming Certified.

A copy of the application form is also located at the end of this candidate handbook.

Examination Fee

Application Fee: $350.00.
Fee is payable to: CCMA
CCMA Tax ID 472803545

Mailing address
CCMA Certification Council
508 Pat Booker Rd. Suite 5021
Universal City, TX 78148

Credit card payments are accepted.

Examination Procedures

Reporting for the Examination

Candidates should report for testing bringing all test required documents and ID per below. After the doors have been closed, late arrivals will not be admitted to the examination room. The CCMA certification examination will be administered in a 4-hour continuous block. Examination candidates will not be allowed to leave a proctor's presence during the testing period. If a candidate has special needs and feels that he/she cannot participate in this type of format, please contact the Certification Council through the web site.
Candidates arriving at the examination must present to the proctor:

- The original Confirmation letter of Eligibility
- Valid photo ID

Note: Any technology including cell phones will not be allowed in the exam room other than a calculator

Post Examination Procedures

Scoring

To achieve certification, candidates must obtain a passing score. The Modified Angoff method is used to determine the passing score.

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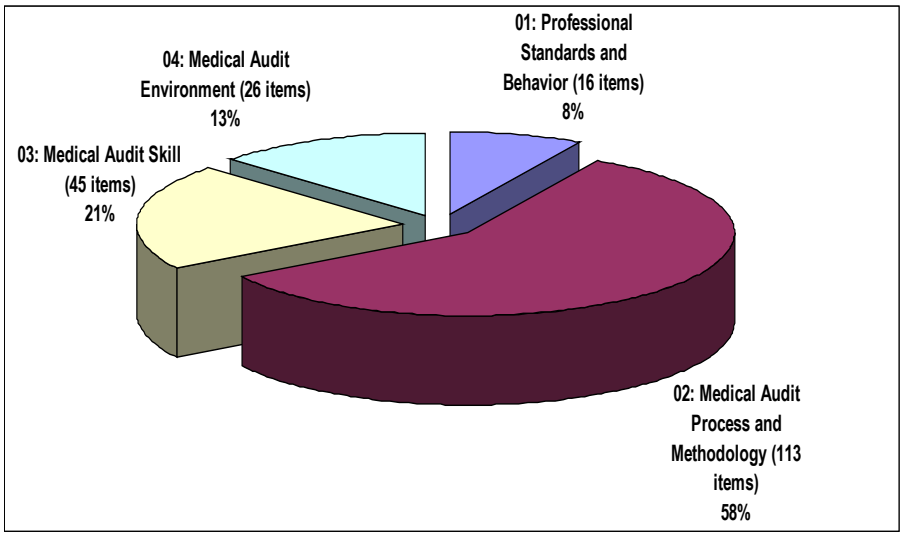
Core Curriculum Domains

The Certified Medical Audit Specialist (CMAS) examination is based on four main core curriculum domains. Each domain is supported by task-specific categories and sub-categories representing the scope and job responsibilities of medical auditors nationally.



Core Curriculum Domain

CMAS Test Specification Report

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 confidential 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

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

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)

Resources for Study

Access CCMA website at: http://www.cmasorg.com

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CMAS Certification Application Form

Name_____ Phone (H)_____

Address_____ City_____ State_____

Zip_____

Email Address_____

Employer_____

Phone (W)_____Job Title: _____

# of years employed as a Medical Auditor:_____ Highest Education Level:_____

School(s) Attended:_____ Degree(s) Awarded:_____

Professional Licensure #:_____ Type:_____

State of Issue: _____Expiration:_____

☐ 1. Membership is required in a medical audit, revenue integrity, quality management or healthcare compliance organization. Affiliation _____

☐ 2. Resume is required

☐ 3. Please complete this self-evaluation of the core domains with percentages as they relate to your daily responsibilities as a medical auditor. The core domains reflect the basic knowledge needed to succeed in your quest for certification

Core Domain 01 _____
Core Domain 02 _____
Core Domain 03 _____
Core Domain 04 _____

****Name on the Certificate will appear as below****

Printed Name_____ Signature_____

Date Submitted: _____

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Application Fee: $350.00 Fee is payable to CCMA (*CCMA* Tax ID: *472803545*)

*$50 is non-refundable

Mailing Address: CCMA Certification Council
508 Pat Booker Rd. Suite 5021
Universal City, TX 78148

To Pay By Credit Card:

Name as it appears on Credit Card: _____

Type of Card: _____ Credit Card #:_____

CSC code_____ Expiration Date: _____

Billing Address (if different from above)

_____

_____

_____

Signature of Card Holder_____