

Academic Professional Certificate Approval Program (PCAP) Manual

*Effective July 30, 2018
Rev. January 30, 2017*

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Eligibility Criteria for AHIMA Academic Professional Certificate Approval Program

A program is eligible to apply for approval **ONLY** if:

- *The sponsoring institution has had students enrolled in the certificate program for a minimum of six months; AND*
- *The sponsoring institution is accredited by a regional accrediting agency recognized by the U.S. Department of Education (USDE), OR the sponsoring institution is accredited by a national accreditor with USDE provisions*

There are **no exceptions** to these qualifying criteria.

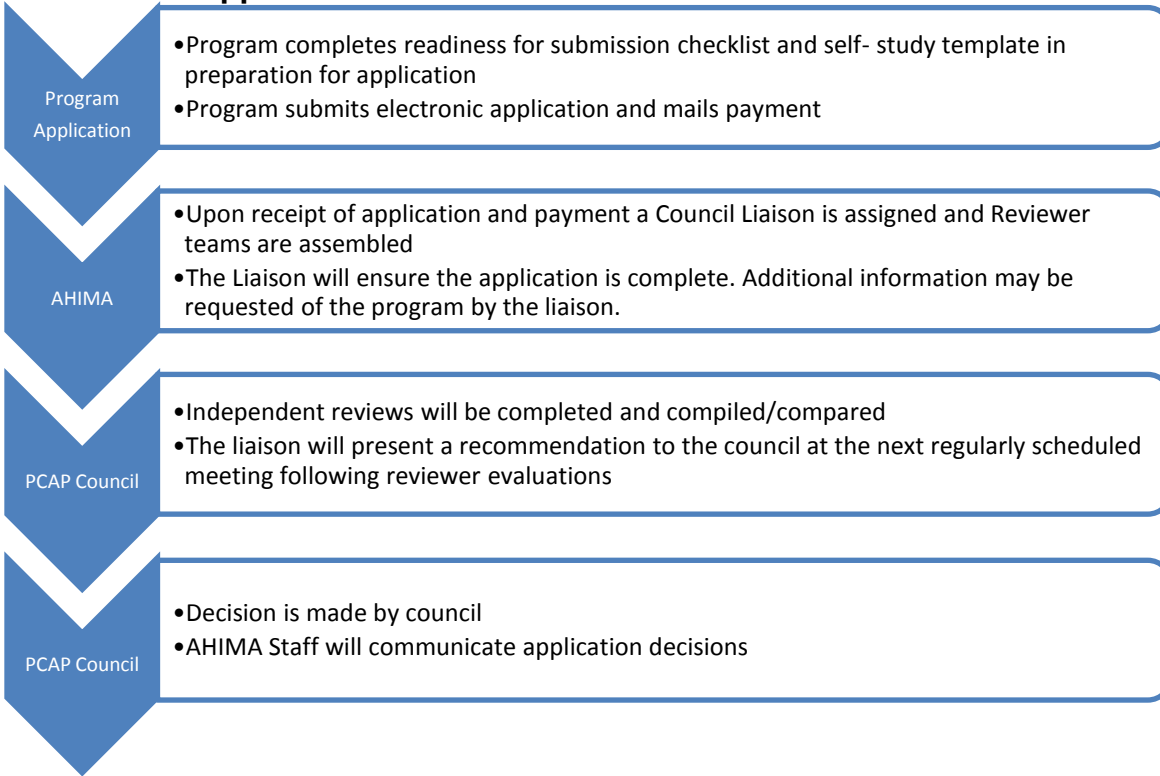
If a sponsoring institution has more than one program that meets the above eligibility criteria, each program/location requires individual application and annual attestation, this applies to both online programs and on site programs.

PROFESSIONAL CERTIFICATE APPROVAL PROGRAM MANUAL

This manual, together with the standards outlined in the accompanying Self-Study Template, and Coding Curriculum Competencies document provide institutions seeking approval of their academic based certificate programs with all necessary information to complete the approval process.

At a high level, the process requires completion of a detailed Self-Study Template and submission of an application fee. Following the submission of these items, a Council Liaison will conduct a quantitative review and assemble a reviewer team. The PCAP review team will review materials and make a recommendation to the PCAP Approval Council. If any clarifications are requested, the PCAP Council Liaison will communicate with the program applicant directly. Once the review team has completed their in depth review, they will provide a recommendation to the PCAP Approval Council. The program application including reviewer recommendation will be considered at the next regularly scheduled council meeting. The PCAP Approval Council will consider the comments and recommendations of the review team to reach a decision. A detailed summary of the steps in the process appears later in this manual.

Overview of Approval Process



Understanding the PCAP Review Process

PCAP Approval Structures:

The PCAP process is supported by the PCAP Review Team, PCAP Approval Committee (PCAP Council), and the PCAP Commission. The purpose of these supporting bodies is to ensure program quality and objective assessment of certificate programs applying for approval under the PCAP.

The PCAP Review Team is composed of the individuals that review the application and program self-study documentation to make recommendations to the PCAP Approval Council regarding program decisions. PCAP reviewers are AHIMA members holding a qualifying professional credential as

required by the designated certificate program standards. Reviewers are cleared of any potential conflicts prior to conducting a program review.

The PCAP Liaison is a council member assigned to each application. The purpose of the Liaison is to provide a conduit of communication between the program, the reviewers, and staff. The intent is to simplify the process and allow for effective communication among all stakeholders engaged throughout the process.

PCAP Approval Committee (PCAP Council) is composed of AHIMA members holding a qualifying credential. The PCAP Approval Council is the body that makes decisions regarding a program's approval status based on recommendations from the PCAP reviewers. PCAP Approval Council members are cleared of any potential conflicts prior to participating in any program approval decisions.

The PCAP Commission is a sub-team of the AHIMA Council for Excellence in Education (CEE) Executive Council. The Commissioners are AHIMA members and they approve PCAP policies and procedures. In addition, the PCAP Commission serves as the appeal body to the PCAP process.

Certificate Approval Decisions

When determining approval decisions, the PCAP Approval Council will state that a program's compliance is "met" or "not met" based on the Approval Criteria for Academic Certificate Programs. The assessment report will be provided to the program after completion of the process.

The three categories of approval decisions are: Approved, Conditionally Approved, or Denial of Approval.

Approved No further action is required, the program has passed the review and can include the phrase "AHIMA Approved" in all marketing literature and can display the Approval Seal on their website and other materials.

- AHIMA staff liaison provides electronic "approval seal" logo and terms of use which is effective for one year from the time of approval.
- AHIMA staff liaison adds the institution's name to the Professional Certificate Approved Program webpage.

Conditionally Approved The program has some areas that require modification before unconditional approval can be granted, but the PCAP Approval Committee has determined that these areas can be resolved within a one-month timeframe. The program must address the areas and provide additional supporting documentation to resolve the noted conditions within one month of notification from the PCAP liaison. Failure to comply and respond with the required resolutions will result in an automatic Denial of Approval status. Programs that fail to provide the requested resolution within the established timeline must wait six months from the date of denial before reapplying.

- AHIMA staff liaison notifies institution of decision and outlines required response to conditions.
- Institution submits requested revision/response to AHIMA staff liaison (within one month of notification of conditional approval)

- AHIMA staff liaison forwards revision/response to Council members prior to next regularly scheduled meeting.
- Council votes to either approve or deny approval.

*Note: **Partial submissions are not permitted.** All conditions must be addressed or the plan for addressing the concerns must be documented in the response to the conditional approval. Programs that are Conditionally Approved may NOT display the AHIMA approval seal or announce they are approved until Unconditional Approval is received. Programs in Conditionally Approved status will not be listed in the directory of approved programs.*

Denial of Approval The program did not satisfy approval criteria, the nature of the problem areas are substantial and may require more time to resolve. Institutions that are denied approval may be considered for approval no earlier than one year following notification of denial, unless specifically stated otherwise in the formal report of denial. Institutions wishing to re-apply must complete the entire process and pay all associated fees at the time of re-application; however, programs that re-apply within the identified 12- month period will pay a reduced (50%) application fee.

Note: When the creation of a new course is required, the course does not have to be taught in order to satisfy the condition(s). The new program must be approved by the academic institution's curriculum review committee (internal document as evidence) and an expected date of first offering outlined in the materials.

Voluntary Withdrawal of Approval The PCAP accepts this action at the sponsoring institution's request. The program's name is removed from the list of approved programs.

Payment without Application In the event payment is received prior to application, the payment will be held for up to one year to allow for submission of application. In the event the application is not received within the year, the payment will be forfeited as a voluntary withdrawal of application.

Annual Attestation Annual attestation is required to maintain approved status. The annual attestation process is intended to monitor ongoing program quality. The annual attestation form and requirements are located on the AHIMA website along with all other PCAP materials. Annual attestation is the responsibility of the sponsoring organization. Both payment and attestation report should be submitted simultaneously.

Renewal of Approval A program's approval period is for three years (with the renewal activity starting no later than six months prior to the end of the third year of approval) and will expire at the end of the term unless the program re-applies for approval in a timely manner. Programs that do not complete the full review process by their assigned deadline (at the conclusion of their third year of approval) are no longer approved and will be removed from the Directory of Approved Coding Programs. Websites will be regularly audited for removal of all AHIMA Approval references (including approval seal). Programs that continue to advertise as being AHIMA approved are in violation of the PCAP and will be contacted by the AHIMA legal department.

Note: AHIMA PCAP Staff Liaison must be notified within 30days of a change in program or institutional sponsor leadership. Verify the accuracy of your program contact data at:

www.ahima.org/pcap. Locate the program and verify name, email, and phone contact information is accurate. This individual will receive program notifications and correspondence.

PCAP Program Modification Compliance

The AHIMA reserves the right to make annual PCAP modifications as necessary. Changes that are deemed significant by the PCAP may require currently approved programs to make modifications to their existing programs in order to retain approval. The PCAP will provide adequate notice and corresponding timeline requirements to allow approved programs to respond to requirements with an implementation plan during the next scheduled annual attestation.

Suspension of Approval

The PCAP has the authority to suspend approval for programs that fail to submit an annual attestation, or whose annual attestation reveals significant deficiencies, lack of response to student complaints, or changes in program status, or that fail to implement required PCAP modifications in a timely manner. While on suspension, institutions must remove approval language from their website, marketing and program materials.

PCAP Self-Study Template Completion

Please read this information before completing the self-study template.

The academic institution offering instruction for professional certificates must ensure it is compliant in all standards required for approval by the PCAP.

The self-study template includes specific instructions for documentation necessary to meet the standards for approval. In addition to the self-study template, certificate programs must use the associated curriculum competencies for their designated certificate program

Coding Professional Certificate Program Competencies

The Coding Professional Certificate Program Competencies outline the intended student learning outcomes for coding professional programs. Programs are to analyze these competencies and design their programs to ensure the learning outcomes are met. Note: the competencies addressed may be incorporated in any course/module or portion of the program but must be met in an appropriate sequence, by the conclusion of the program.

At a minimum, the program should include content related to:

- Medical Terminology (equivalent to one three hour semester course, or 45 contact hours)
- Anatomy and Physiology (equivalent to one three-hour semester course, or 45 contact hours)
- Pathophysiology and Pharmacology or pathopharmacology (equivalent to one three hour semester course, or 45 contact hours)
- ICD Coding (equivalent to two 3 hour semester courses, or 90 contact hours)
- CPT Coding (equivalent to two 3 hour semester courses, or 90 contact hours)
- Professional Practice Experience (equivalent to one 3 hour semester course, or 45 contact hours)
- Health Information and Delivery Systems (Health record and data content, IT, etc.),

- Reimbursement and Legal and Compliance (Equivalent to one three hour semester course, or 45 contact hours)

To verify appropriate contact hours, PCAP Reviewers may request access to the LMS for a class currently in session at the time of the review. Baseline LMS training may also be required where applicable to ensure reviewers can appropriately evaluate contact hours. Reviewers will ask to review a completed program self-assessment that documents how each required learning outcome is reached. For example, what assignments, activities, exams, PPE activities lead to the student's competence in the required content area. In some cases programs may choose to include the Health information, delivery systems, reimbursement, legal and compliance content as part of another class. While this is allowable, the content must be covered in sufficient detail to ensure the student is appropriately prepared to enter the workforce with an understanding of how these content items impact the coding profession.

All students must have access to appropriate meaningful interaction with the faculty and course support staff. Some methods to demonstrate contact hour compliance include course calendar that shows face-to-face or synchronous meeting dates/times; documentation of office hour policies and calendars; calendars showing prescheduled chat sessions and so on.

As general guidance on the required course content, please consider the following:

Supporting Body of Knowledge: Life Sciences

Intent: To develop an understanding of the clinical knowledge base through study of the structure and function of the healthy human body, pathophysiology, diagnostic and treatment modalities, and pharmacotherapy for clinical management of patient care and to enhance professional communication in healthcare environments. Whenever possible linking the biomedical science knowledge base to the process of code assignment is useful and enhances learning.

Anatomy & Physiology and Medical Terminology should be taught as prerequisites to the coding courses. Pathophysiology and pharmacology (or a combined pathopharmacology course) may be taught as co-requisites to the coding courses.

Anatomy and Physiology A study of the structure and function of the human body utilizing a system approach. Emphasis placed on the gross and microscopic anatomy as well as the physiology of the cell, skeletal system, muscular system, nervous system, cardiovascular, respiratory, urinary, reproductive, endocrine, and digestive systems. A full body system review is required. (Minimum 45 contact hours)

Medical Terminology Designed to teach students to accurately spell, pronounce and define common medical terms related to major disease processes, diagnostic procedures, laboratory tests, abbreviations, drugs, and treatment modalities. (Minimum 45 contact hours)

Pathopharmacology Pathophysiology content places emphasis on the disease processes affecting the human body through an integrated approach to specific disease entities, including the study of causes, diagnosis and treatment of disease. Pharmacology content emphasizes understanding of the action of drugs, including the absorption, distribution, metabolism, and excretion of drugs by the body. (Minimum 45 contact hours)

Body of Knowledge: Clinical Coding and Classification Systems

Intent: To develop an understanding of coding and classification systems in order to assign valid diagnostic and/or procedure codes. It will include the validation of coded clinical information, and case mix/severity of illness data.

Encoder Usage:

The coding instruction must include hands-on labs using computerized encoding systems with coding reference software. As well as exposure to:

- Automated code book software systems
- Natural Language processing coding systems

Conversion Plan: As coding system changes arise, programs will be asked to document a conversion plan to show how the program will transition.

ICD Coding Part 1 (45 contact hours)

Curricular Considerations:

- Principles and application of coding systems (International Classification of Diseases ICD-10-CM/PCS)
- Diagnostic groupings
- Classifications, taxonomies, nomenclatures, terminologies, and clinical vocabularies such as SNOMED-CT
- Review/discuss other diagnosis coding systems or code sets including: DSM-V, ICD-O
- Use of official coding guidelines and reporting requirements

CPT Coding Part 1 (45 contact hours)

Curricular Considerations:

- Principles and application of coding systems
- Procedural groupings (APC, RUGs)
- Review/discuss other procedural coding systems

ICD Coding – Part 2 (45 contact hours)

Curricular Considerations:

- Case mix analysis
- Severity of illness systems
- Coding compliance strategies, auditing, and reporting (such as CCI, plans)
- Coding quality monitors reporting
- Case studies using more complex code assignments with ICD-9-CM and ICD-10-CM/PCS. Include PPS application examples for ICD coding (DRG, RUGS, HHRG, etc.)
- Compare and contrast ICD-9-CM and ICD-10-CM code assignments and conventions.
- Introduction to Systematized Nomenclature of Medicine (SNOMED). Includes a brief overview of its role in the healthcare delivery system as the basis for an electronic health record outline its relationship to the administrative code sets currently used for billing and statistical reporting
- Include definitions for crosswalks and maps used in the clinical coding process
- Authentic coding

CPT Coding Part 2 (45 contact hours)

Curricular Considerations:

- Principles and application of coding systems
- Procedural groupings (APC, RUGs)
- RBRVS, APCs, ASC examples used including professional fee billing examples in coding (Evaluation and Management services, surgical services, etc.)
- Case studies and more complex code assignments using CPT and HCPCS Level II codes

Some programs choose to teach the following three content areas as part of a single course (equivalent to one three- hour semester class). Other programs may elect to teach the content as part of other courses. Either approach is acceptable as long as the content is included in the program curriculum.

Reimbursement Methodologies (15 contact hours)

Intent: Study the uses of coded data and health information in reimbursement and payment systems appropriate to all healthcare settings and managed care. Include contemporary prospective payment systems and key health plans, chargemaster maintenance, and evaluation of fraudulent billing practices.

Curricular Considerations:

- Commercial, managed care, and federal insurance plans
- Compliance strategies and reporting
- Payment methodologies and systems (such as capitation, prospective payment systems, RBRVS)
- Payer requirements for appropriate code assignment (CMS, etc.)
- Billing processes and procedures (such as claims, EOB, ABN, electronic data interchange)
- Chargemaster maintenance
- Regulatory guidelines
- Reimbursement monitoring and reporting
- Denial management and documentation requirements

Health Information and Delivery Systems (15 contact hours)

Intent: To ensure clinical coders are familiar with basic health data structure, content, and standards; healthcare delivery systems; and information technology and systems.

Curricular Considerations: Health Data Management

- Structure and use of health information
- Health record data collection tools
- Data sources
- Healthcare data sets
- Health record documentation
- Data quality and integrity
- Healthcare institutions structure and operation
- External standards, regulations, and initiatives
- Healthcare providers and disciplines
- Computer concepts
- Communication and internet technologies
- Health information systems

- Health information specialty systems (coding)
- Document archival, retrieval, and imaging systems
- Data retrieval and maintenance
- Data security concepts
- Data integrity and security processes and monitoring

Legal and Compliance (15 contact hours)

Intent: To study relevant legal and compliance issues faced by clinical coders in the workplace setting.

Curricular Considerations: Legal and Compliance

- Legislative and regulatory processes
- Health information/record laws and regulations (such as retention, patient rights/advocacy, advanced directives, privacy)
- Confidentiality, privacy, and security policies, procedures and monitoring
- Ethical issues

Professional Practice Experience (PPE)

To provide the student with coding practice in a healthcare setting with directed projects common to a clinical coding specialist on the job. (Minimum 45 contact hours including a minimum of 40 hours of Authentic Coding which is described as coding from real patient records.)

Field-based PPE

Students should have hands-on experience coding authentic patient records. This professional practice experience should be either field-based or virtual using authentic patient records, encoder/grouper software, and if possible, computer-assisted coding (CAC). Documentation of PPE hours, activities and measurement of student learning outcomes are required. Students in field-based PPE or virtual PPE should be supervised by an AHIMA credentialed mentor or faculty who provides a substantial contribution to the student learning experience. Field-based PPE supervisors (mentors) are entitled to five Continuing Education Units (CEU's) per year for providing student supervision.

Virtual PPE

Approved coding certificate programs may use a 100% virtual PPE as long as the program can demonstrate that all of the following conditions are met:

- The coding student completes a minimum of 40 hours of authentic coding (coding from real charts) using a variety of patient types/encounters.
- The student uses an encoder software package that simulates real world application as recommended by the employers of the region, or most similar academic application. *Note: most textbook encoder practice tools do not meet the criteria of real world encoder practice and application.* The student completes assignments using the coding reference software package including use of Coding Clinic references.
 - The student is exposed to professional coders from a variety of settings such as guest speakers, recorded webinars or presentations. These alternate resources must be substantial (at least 30 minutes in length) and have a practical component to enhance the experience for the student. Such as a real case study from the guest lecturer's

facility where the codes are known and the students attempt to code and see if they get the same results, the speaker then offers the rationale for why certain codes are selected, and others ruled out.

- The coding program should have the following resources available for the virtual PPE: a collection of authentic medical records approximately 100 to 150 charts to ensure that students are not all doing the same chart at the same time, and to ensure the minimum 40 hours of authentic coding is met.
 - Subscribers of the AHIMA Virtual Lab have access to additional authentic charts, coded records, assignments, and answer keys.
 - Programs should call on members of their advisory body to provide them with copies of de-identified records that reflect the type of chart construction used in local area facilities.

Please note that with the virtual PPE option, working with actual charts (paper or electronic) known as “Authentic Coding” and using a computerized encoder is required as part of the educational process.

Program Resources

Coding Lab Coding programs should have resources available (physically or electronically) for students to practice coding skills in addition to contact hours spent in the didactic learning process. Several items should be considered for inclusion in a coding laboratory such as the coding references discussed as official guidelines and clinical reference works to expand the clinical knowledge base of the students for interpretation of clinical reports. Online programs must demonstrate how a virtual PPE is maintained for online students.

Coding References Reference materials for use in solving coding problems should be available in a practice laboratory or through online applications and web-based links. Examples of useful reference materials the institution could make available in the laboratory are medical textbooks, dictionaries, and handbooks. There are also numerous publications that have been developed specifically for coders that are useful in helping the students interpret information from the patient record. Finally, authoritative or official coding guidelines (e.g., from Coding Clinic and CPT Assistant) must be available in a meaningful way (i.e., electronically for online programs) for student reference. Note: These resources are available within AHIMA’s Virtual Lab for those programs that utilize this option.

Computers and Encoder Software Computer software tools that incorporate the text and logic of the coding systems in an automated form are also available from several vendors. The encoder product must contain coding references, guidelines, payer edits and other tools that help with code selection. Access to commonly used commercial encoder applications must be made available to students through a practice laboratory (residential or online) with an opportunity for coding practice experiences. Clinical coding professionals will need to be familiar with such systems since use of a computer and specialized software is integral to employability and job performance.

Health Records Copies of actual clinical documentation, de-identified medical records, and reports will be needed to provide skill practice for coding students. **A minimum of 100 to 150 authentic records of various patient types are required**, and more are recommended. Sample records should be of sufficient quantity and quality so as to provide the students with experience in a variety of clinical cases and record types (e.g., hospital inpatient, outpatient, long- term care, and physician office.)

Additional Resources for Programs Seeking Approval

Institutions seeking approval of their certificate programs are encouraged to review the following additional appendices:

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Appendix A

PCAP Readiness for Submission Checklist

This document is for the convenience of institutions preparing to submit for PCAP approval. Use this list to track your readiness for submission. This document is **not to be uploaded** as part of the submission packet.

- Read entire PCAP Manual
- Download, print, and read Self Study Template
- Complete application for approval (included in self-study packet), sign, scan and upload
- Complete all requirements for all self-study Standards for Approval:
 - Complete the form for the Administration Standard
 - Complete the Advisory Body Standard form and gather attachments and upload
 - Complete form for the Fair Practices standard and upload any necessary files
 - Complete the form for the Advertising standard
 - Complete the form for the Program Resources standard and upload required files
 - Complete the form for the Program Director (Coordinator), Faculty, and Staff Support standard and upload required files
 - Complete the form for the Curriculum Plan and Methodology standard and upload required files
 - Complete the forms and upload the required files for EACH of the Curriculum Component sections. Be careful to ensure all required items for each course are addressed in the forms and uploads.
 - Complete the Program Self -Assessment document and upload.
 - Complete the form for the Program Outcomes Reporting standard and upload files.
 - Complete the final narrative form which is submitted as the first form in the application packet
- To request an invoice (if necessary) prior to sending the check for payment, please send a request to christi.lower@ahima.org. Be sure to include the invoice or a message with the check specifying it is for the PCAP approval program.
- NEW**- process payment via credit card by calling 800-335-5535 (you must have your invoice number)
- Pay application fee when all materials are submitted.
- Send an e-mail to christi.lower@ahima.org to notify her when all required items have been completed and uploaded to the system (this is the trigger that initiates the review process). Send the e-mail only after payment has been made.

Checks should be made out to AHIMA and mailed:

**AHIMA
Dept. 77-2735
Chicago, IL 60678-2735**

Appendix B

Workflow/Steps of Approval Process

Step 1: Application and Self -Study Submission

1. Institution must submit all the following items (No action to initiate review process will be taken until all of these are received):
 - a. Professional Certificate Approval Program Application for Approval (Included in self-study packet)
 - b. \$2,500 nonrefundable program review processing fee.
NOTE CAHIIM Accredited schools pay a discounted application fee of \$1,500.
Academic institutions with more than one program pay a discounted fee of \$1,500 for each additional program
2. All items required in the self-study document template
3. AHIMA staff liaison conducts quantitative review of submission to ensure all required documentation is present.
4. AHIMA staff liaison appoints review team members and review team liaison.
5. AHIMA staff liaison notifies institution of these appointments.
6. Staff liaison releases self study to review team liaison.

Step 2: Program Review Phase

1. PCAP Approval Committee (PCAP Council) Liaison conducts cursory review to ensure documentation is sufficient to conduct full review. Council Liaison notifies other reviewers when application is ready for full review.
2. Review team reviews self-study documentation and submits comments and questions requiring clarification from the institution to the review team liaison.
 - a. Council Liaison communicates with institution to achieve clarity regarding review team questions.
 - b. Institution responds to questions from review team liaison (within one month of receiving questions).
 - c. Council Liaison communicates with review team members to provide responses from institution and calls for a recommendation vote from the review team.
 - d. Review team members submit their vote recommendation to Council Liaison.
3. PCAP Approval Committee (PCAP Council) submits consensus recommendation and report to AHIMA staff liaison. AHIMA staff liaison schedules institution for approval vote with Council (at next regularly scheduled council meeting).

Step 3: Council Decision Phase

1. PCAP Approval Committee (PCAP Council) reaches one of three decisions and the institution is notified of the outcome through the AHIMA staff:
 - a. Approved
 - i. AHIMA staff liaison provides electronic “approval seal” logo that is effective for one year from the time of approval.
 - ii. AHIMA staff liaison adds the institution’s name to the Professional Certificate Approved Program webpage.
 - b. Conditionally approved (no approval seal until all conditions are resolved).

- c. Not approved
2. For conditionally approved programs AHIMA staff liaison notifies school of decision and outlines required response to conditions, if any.
 - a. Institution submits requested revision/response to AHIMA staff liaison (within one month of notification of conditional approval).
 - i. AHIMA staff liaison forwards revision/response to PCAP Approval Committee (PCAP Council) members prior to next regularly scheduled meeting.
 - b. PCAP Approval Committee (PCAP Council) votes to: approve, conditionally approve, or deny approval.
3. For programs that are not approved. Institutions that are denied approval may resubmit for approval no earlier than one year following notification of denial. Institutions wishing to re-apply must complete the entire process and pay all associated fees at the time of re-application.

See Appendix C for Reconsideration and Appeal Policy.

Step 4: Ongoing Approval/Annual Attestation

1. Initial program approval is valid for one year from the date of approval.
2. All institutions must submit an attestation statement annually within 28 days of their original approval date and include a \$750 annual maintenance of approval fee. The purpose of the annual attestation is to ensure ongoing program quality.
 - a. The AHIMA Staff liaison will send electronic approval seals annually upon receipt and approval of the annual attestation statement and maintenance of approval fee. If annual attestation results in approval suspension, the staff liaison will communicate compliance requirements to the institution.
 - b. Institutions that do not submit the required annual attestation and maintenance fee must remove all references of approval from their website, marketing and program materials no later than 28 days following the annual anniversary date of their original approval. Failure to remove these materials may result in legal action.
 - c. If the annual attestation key indicators suggest a significant change in program status, program suspension may be warranted. Institutions may appeal program suspension following the request for reconsideration process.
3. A full program review is required after three full years of approval. (i.e., if a program was approved in July of 2013, then they would require new application in June of 2016).

Appendix C

Professional Certificate Approval Process: Reconsideration and Appeal Process

Adverse Actions of the PCAP that are Subject to Reconsideration and Appeal

The following actions by the PCAP are subject to reconsideration and appeal:

- Not Approved
- Suspension of Approval

Reconsideration and appeal shall be limited to the time and circumstances that triggered the PCAP action and shall be based solely on the information contained in the Appeal Request and Initial Approval Request or Annual Attestation. Descriptions of changes made since that time will not be considered.

Notice of Adverse Action

Upon a finding that a certificate program is not in substantial compliance with the PCAP's published *Standards for Approval* (published in the PCAP self study and application documents), and imposition of an appealable action by the PCAP Approval Committee (PCAP Council), the PCAP shall promptly send the Program's sponsoring institution a Notice of Adverse Action that shall include the specific areas of noncompliance that support the imposition of the action. The PCAP also shall inform the sponsoring institution of the right to request reconsideration.

PCAP Reconsideration Procedure Request for Reconsideration

If the sponsoring institution wishes to request reconsideration of the PCAP's action, it must notify the PCAP within thirty (30) calendar days from the date of receipt of the Notice of Adverse action. Such Request for Reconsideration must contain a concise statement of why the institution believes that the PCAP's action was improper.

If a Request for Reconsideration is not received by the PCAP within thirty (30) days, the PCAP's initial action shall constitute the final action by the PCAP.

Reconsideration by the PCAP Approval Committee (PCAP Council)

Reconsideration and Decision without a Hearing

An institution may request reconsideration without a hearing before the PCAP Approval Committee (PCAP Council). In such event, the PCAP Council will reconsider the approval status of the program at its next regularly scheduled meeting. The PCAP Approval Committee (PCAP Council) shall review the following documents, which shall constitute the Reconsideration Record: the documents concerning the program upon which the PCAP

Approval Committee (PCAP Council) relied in the action that is the subject of the reconsideration, and the Request for Reconsideration.

The PCAP Approval Committee (PCAP Council) shall determine by majority of those members present whether substantial evidence supports the existence of the cited areas of noncompliance with the PCAP *Standards for Approval*, and whether the initial action should be affirmed, modified or reversed. PCAP Approval Committee (PCAP Council) shall notify the institution in writing of the decision, including the reasons therefore, within thirty (30) calendar days after the PCAP Approval Committee (PCAP Council) meeting.

Reconsideration with a Telephonic Hearing Before the PCAP Council

An institution may request reconsideration with a telephonic hearing before the PCAP Approval Committee (PCAP Council). In such event, the PCAP shall schedule the reconsideration hearing for a regularly scheduled PCAP Approval Committee (PCAP Council) meeting that will occur no more than sixty (60) calendar days after receipt of the Request for Reconsideration.

The PCAP shall notify the institution in writing of the date and time of the hearing. The notice shall be provided at least thirty (30) calendar days prior to the hearing. The notice shall advise the institution that it:

- (1) may have representatives appear before the PCAP Council;
- (2) may be represented by legal counsel; and

(3) may submit a written response to the PCAP Approval Committee (PCAP Council)'s cited areas of noncompliance. Such response must be based solely on the information contained in the application and review materials.

The institution's written intent to have representatives appear before the PCAP Approval Committee (PCAP Council), the names of the representatives and, if any, the legal counsel who will participate in the hearing, must be received by the PCAP no later than fourteen (14) calendar days before the scheduled date of the hearing.

Conduct of the Hearing before PCAP Approval Committee (PCAP Council)

The hearing before the PCAP Council shall be chaired by PCAP Approval Committee (PCAP Council) Chair.

The hearing will be limited to a consideration of the time and circumstances that triggered the initial PCAP Approval Committee (PCAP Council) action. Descriptions of actions taken or changes made since that time shall not be considered.

While strict adherence to the formal rules of evidence shall not be required, irrelevant, or unduly repetitious statements may be ruled out of order. The hearing shall follow the following general format:

- a. Introductory statement of the Chair.
- b. Oral presentation by the institution (one hour).
- c. Questions by PCAP Council members and staff.

- d. PCAP Approval Committee (PCAP Council) executive session (15 minutes).
- e. Additional questions by PCAP Council members and staff.
- f. Closing statement by the institution (15 minutes).
- g. Adjournment.

A record of the hearing shall be kept by a certified court reporter.

If the institution, without good cause, fails to appear or fails to advise the PCAP in writing more than five (5) calendar days before the scheduled date of the hearing that it will not appear, the PCAP may elect to notify the institution that no further opportunity for a personal appearance will be provided.

Decision of the PCAP Approval Committee (PCAP Council) Following the Hearing

At the conclusion of the hearing, the PCAP Approval Committee (PCAP Council) shall meet in executive session to review the proceedings and to reach a decision. The PCAP Approval Committee (PCAP Council) shall consider the Reconsideration Record and the information presented during the hearing. The PCAP Approval Committee (PCAP Council) shall determine by majority of those members present whether substantial evidence supports the existence of the cited areas of noncompliance with the PCAP *Standards for Approval*, and whether the initial action should be affirmed, modified or reversed. The PCAP Approval Committee (PCAP Council) shall notify the institution in writing of the decision, including the reasons therefore, within thirty (30) calendar days after the PCAP Council hearing. The PCAP also shall inform the sponsoring institution of the right to appeal the decision.

PCAP Appeal Procedure

The institution shall have an opportunity to appeal the PCAP Approval Committee's (PCAP Council's) decision upon reconsideration to the PCAP Commission, none of whose members shall have served on the PCAP Approval Committee (PCAP Council) at the time the adverse action was taken; shall have participated on a Review Panel, the results of which triggered the adverse action; or shall have a conflict of interest as determined under the PCAP Conflict of Interest Policy.

Notice of Appeal to the PCAP Commission

If it wishes to appeal the PCAP Approval Committee (PCAP Council)'s decision upon reconsideration, the sponsoring institution must submit a Notice of Appeal to the PCAP Commission within thirty (30) calendar days from the date of notification of the PCAP Approval Committee (PCAP Council)'s decision. Such Notice of Appeal must contain a concise statement of why the institution believes that the PCAP Approval Committee (PCAP Council)'s decision upon reconsideration was improper. **If a Notice of Appeal is not received by the PCAP Commission within thirty (30) days, the PCAP Approval Committee's (PCAP Council's) action shall constitute final decision by the PCAP and shall not be subject to appeal absent extraordinary circumstances, as determined solely by the PCAP.**

The information submitted in the Notice of Appeal shall be limited to that submitted to the PCAP Council. New information shall not be considered on appeal.

Standard of Review

Review by the PCAP Commission shall be limited to a determination of whether (1) a procedural error may have contributed to the PCAP Council's decision or (2) the PCAP Approval Committee (PCAP Council's) decision was arbitrary and capricious.

Review by the PCAP Commission

The PCAP Commission shall consider the Reconsideration Record, the Notice of Appeal, and a statement from the Chair of the PCAP Approval Committee (PCAP Council). The foregoing shall constitute the Appeal Record. The PCAP Commission shall base its review solely on the Appeal Record and shall determine by majority vote of those members present whether to affirm or reverse the PCAP Council's decision upon reconsideration. The PCAP Commission shall notify the institution in writing of its decision, including the reasons therefore, within thirty (30) calendar days after making its decision.

THE DECISION BY THE PCAP COMMISSION SHALL CONSTITUTE THE FINAL DECISION OF THE PCAP ON THE MATTER AND SHALL NOT BE SUBJECT TO FURTHER APPEAL.

Effective Date

A FINAL DECISION BY THE APPROVAL COMMITTEE (PCAP COUNCIL) OR THE PCAP COMMISSION SHALL BECOME EFFECTIVE AS OF THE DATE IT CONSTITUTES THE *FINAL DECISION OF THE PCAP* AS PROVIDED HEREIN.

Appendix D

Annual Attestation Form/Process

PCAP approved programs are notified annually when their attestation and annual approval fee are due.

PCAP ANNUAL ATTESTATION FORM

Program Change Notification Requirements

At any time when a change to one of the following criteria is made, IMMEDIATE notification of change is required. Use the annual attestation form below to submit notification to: PCAP@ahima.org. If such notification is not received within 30 days of occurrence, program approval may be suspended.

- Change in Program Director/Coordinator
- Change of Organization Address
- Loss of regional or national accreditation, or adverse action from accrediting agency. Explain action, include letter or notification from accreditor.

Annual Attestation Update

All schools approved under the PCAP approval program since January 2013 must complete and submit the PCAP Annual Attestation Form. The form is to be submitted in the month your program received its approval (for example, if your program was originally approved in March of 2013, your annual attestation is due in March of each year during your approval period). The associated fee with the annual attestation is \$750. Submit your annual attestation update to: PCAP@ahima.org. Checks should be payable to AHIMA and sent to AHIMA, Dept. 77-2735, Chicago, IL 60678-2735.

Documents to Be submitted

In addition to the Attestation Form, please provide the following documentation:

- Advisory Committee agendas and summaries from prior application/attestation to current date
- Curriculum Vitae for any new faculty from prior application/attestation to current date
- Continuing education summary for each active faculty member from prior application/attestation to current date
- Syllabi for any new or modified courses (from prior application/attestation to current date)

Date Annual Attestation Form Completed:

Organization Name: Program Name:	New (If new, include requested information as an attached document)	No Change (check only –no documentation required)
Program Director/Coordinator Name		
Program Director Credentials		
Program Director/Coordinator Contact Information (e-mail and phone)		
Organization Address		

Organization Name: Program Name:	New (If new, include requested information as an attached document)	No Change (check only –no documentation required)
Curriculum Revisions (List names/course numbers of courses added or delete from curriculum)		
Changes in faculty (new faculty names and credentials – include CV for new faculty). List names of faculty that have permanently left the organization since previous report. Please provide a document that demonstrates faculty professional development.		
Accreditation actions (loss of accreditation, adverse action). Describe action and outcome.		
Please provide advisory board documentation of meeting minutes/actions and member profiles		
Describe how student complaints to the AHIMA regarding your program have been /will be addressed. (You will have received notification from AHIMA in the event complaints are received)		
Number of students enrolled in the program at time of last attestation/application		
Number of students who have completed the program since the time of the last annual attestation		
Number of students who have withdrawn/stopped attending the program since last annual attestation		
Number of students currently enrolled in the program		
Students who remain for other programs/degrees		
Number of graduates employed within one year of program completion		
Actions plans that arose out of annual program evaluation		

Appendix E

AHIMA's Role in Coding Education

Today, there are many demands for complete and accurate coded clinical data in all types of healthcare settings, public health and medical research. Coded data serves as the primary information source for many health information assessment tools, as well as data required for an electronic health record. Clinical documentation is transformed to an electronic resource through clinical code assignment as an input into information or billing system.

In addition to their use on insurance claims for reimbursement, clinical codes are used in data sets to evaluate the processes and outcomes of healthcare. Coded data are also used internally by institutions for decision support, quality management activities, case-mix management, planning, marketing and other administrative and research activities.

AHIMA staff, PCAP volunteer reviewers, council members, and commissioners review and approve the PCAP manual on an annual basis. The AHIMA staff, AHIMA Subject Matter experts, and PCAP volunteers annually review and make recommendations for revision to the coding curriculum competencies.

What Is a Clinical Coder?

A clinical coder is a knowledge worker in healthcare institutions who reviews and analyzes health data. The coder is responsible for translating diagnostic and procedural terms and services utilized by healthcare providers into coded form. The translation process may require interaction with the healthcare provider to ensure that the terms have been used and translated correctly according to the convention of the coding system used and the use of the information in coded form. The resulting code set is then used for a variety of purposes including billing, submission of claims to health plans for payment, clinical research, public health reporting and statistical reporting for decision support. Coders are employed by all types of healthcare institutions including acute and long term care hospitals, physician offices and clinics, nursing homes, home health agencies, community mental health clinics, health plans, government agencies, and other institutions involved with the provision or funding of health services.

What Is Coding Certification?

The American Health Information Management Association's (AHIMA) Commission on Certification for Health Informatics and Information Management (CCHIIM) administers **entry-level coding certification examinations: the CCA (Certified Coding Associate), the CCS (Certified Coding Specialist) and CCS-P (Certified Coding Specialist– Physicians' Office)**. Programs that meet the criteria for coding approval have been deemed by AHIMA to contain the necessary components that would prepare a student to be eligible for these examinations. It is noted that those programs with more extensive professional practice experience better prepare graduates for successful examination.

An Overview of AHIMA

The American Health Information Management Association (AHIMA) is the premier association of health information management (HIM) professionals worldwide. Serving 52 affiliated component state

associations and more than 101,000 members, AHIMA is recognized as the leading source of "HIM knowledge," a respected authority for rigorous professional education and training.

Founded in 1928 to improve health record quality, AHIMA has played a leadership role in the effective management of health data and medical records needed to deliver quality healthcare to the public.

AHIMA is working to advance the implementation of electronic health records (EHRs) by leading key industry initiatives and advocating high and consistent standards. AHIMA members stay one step ahead through AHIMA's accreditation of cutting-edge academic programs and professional development opportunities, including comprehensive continuing education.

AHIMA keeps HIM professionals posted on the healthcare industry through resources to improve their knowledge, skills, and abilities. Some of AHIMA's offerings include:

- Text books
- Credentials
- Live meetings
- Online education
- The Journal of AHIMA
- The HIM Body of Knowledge (BoK)
- Engage Communities
- Newsletters
- E-Alerts

In addition to providing resources AHIMA actively advocates for the HIM profession, serves as a thought leader in the world of HIM and is one of the four cooperating parties responsible for the ICD-10 Coding Guidelines.

Helpful Links:

- American Health Information Management Association <http://www.ahima.org/education/academic-affairs>
- AHIMA Student Recruitment www.hicareers.com
- Faculty resources <http://www.ahima.org/education/academic-affairs>
- National Center for Health Statistics www.cdc.gov/nchs
- The Centers for Medicare and Medicaid Services www.cms.gov

Appendix F

Coding Related Resources

The following publishing houses produce textbooks and workbooks that are used by coding certificate programs.

<p>AHIMA Phone: (312) 233-1100 Fax: (312)-233- 1090 http://www.ahima.org</p> <p>American Hospital Association Phone: (312) 422- 3000 Orders: 800-242-2626 http://www.aha.org</p> <p>AHA Central Office (312) 893-6800 www.ahacentraloffice.org</p> <p>American Medical Association (312) 464-5000 (800) 621-8335 Fax Orders: (312) 464-5600 http://www.ama-assn.org www.amabookstore.com</p> <p>Channel Publishing, Ltd. (800) 248-2882 www.channelpublishing.com</p> <p>Contexo Media (800) 334-5724 www.codingbooks.com</p> <p>The Centers for Medicare and Medicaid Services http://cms.hhs.gov/</p> <p>Elsevier Health Science Info Source (former W.B. Saunders) www.us.elsevierhealth.com/</p>	<p>Glencoe/McGraw-Hill Phone: (800) 334-7344 Fax: (614) 860-1877 http://www.glencoe.com/</p> <p>HCPPro (781) 639-1872 www.hcpro.com</p> <p>Jones and Bartlett (Formerly Aspen Publishers) (800) 832-0034 http://www.jbpub.com</p> <p>Maxim Health Information Services (866) 316-8773- West (866) 265-0589-East www.maximhis.com</p> <p>MedBooks Phone: (800) 443-7397 http://www.medbooks.com/</p> <p>National Center for Health Statistics http://www.cdc.gov/nchs/</p> <p>Optum (800)-464-3649 www.optum.com</p> <p>Pearson www.pearson.com</p> <p>PMIC (800)Med-Shop www.pmiconline.com</p> <p>Super Coder, the Coding Institute (866) 228-9252 www.supercoder.com</p>
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Appendix G

Post-Approval Guidelines for Promoting Approval

Approved coding programs will be sent a file that contains a PCAP Seal of Approval which you can display on brochures, documents, and website. When promoting your program, please refer to the following guidelines:

What Can You Say?

► **Press Release** This template may be used when announcing AHIMA PCAP coding certificate program approval to the media.

(Sample) For Immediate Release

Coding Education Program at XXXXX Approved by the AHIMA PCAP

The (insert school/program name), a (comprehensive) coding program, is pleased to announce its approval by the AHIMA PCAP as having an approved coding certificate program.

The PCAP approval designates coding programs which have been evaluated by a peer review process using national minimum standards for entry-level coding professionals. This process allows academic institutions, to be acknowledged as providing an approved Coding Certificate Program.

The approval designation assures healthcare providers that graduates of the XXXXX coding program possess the necessary job skills to attain success in entry level coding positions. Students are guided through a comprehensive coding curriculum with more than (insert program's contact hours count) xxx hours of instruction in ICD-10-CM, ICD-10-PCS, and CPT coding and reimbursement methodologies.

The American Health Information Management Association (AHIMA) is the premier association of health information management (HIM) professionals. Serving 52 affiliated component state associations and more than 101,000 members, it is recognized as the leading source of "HIM knowledge," a respected authority for rigorous professional certification, and one of the industry's most active and influential advocates in Congress.

Visit www.ahima.org for more information about AHIMA initiatives, programs, resources and membership.

► Program Website

The following statements and guidelines can be used to announce AHIMA Coding Certificate Program Approval on your program website, and for ongoing promotion of approved status.

1. Program Approval Statement

The (school program name) (comprehensive) coding program is approved by the AHIMA Professional Certificate Approval Program (PCAP). This designation acknowledges the coding program as having been evaluated by a peer review process using a national minimum set of standards for entry-level coding professionals. This process allows academic institutions to be acknowledged as offering an AHIMA Approved Coding Certificate Program.

2. "Value for Students" Statement

The valuable AHIMA PCAP approval designation:

- a. Identifies specialized programs that meet established coding educational standards
- b. Stimulates improvement of educational standards through faculty development opportunities, and by involving faculty and staff in program evaluation and planning
- c. Promotes a better understanding of the goals of professional coding education
- d. Provides reasonable assurance that practitioners possess the necessary job skills upon entry into the profession

3. Indicate the timeframe of program approval (Example: April 2012 through April 2015).

Guidelines

The following guidelines should be used when creating press releases, announcements, and ongoing promotion of approval status.

1. The wording of the AHIMA PCAP Approval Statements cannot be changed or edited.
2. In the case of multiple campuses or corporate entities, do not imply that all sites are approved when only one campus is approved.
3. If the PCAP has conferred a “conditionally Approved status on the program, the conditions must be met before using the above approval statements.