



REQUEST AND RECOMMENDATION

ONE-YEAR OPTION 900+ Clock Hour Programs – Medical Office Specialist

Background:

To provide another option for adult students to apply prior learning toward a degree, Ohio legislators established what has come to be known as the One-Year Option through Section 363.120 House Bill 59 of the 130th General Assembly. The Chancellor of the Ohio Department of Higher Education, in consultation with the Superintendent of Public Instruction and the Governor's Office of Workforce Transformation, was tasked to establish a One-Year Option credit articulation system in which graduates of Ohio's adult career-technical institutions who complete a 900-hour program of study AND obtain an industry-recognized credential approved by the Chancellor will be able to receive 30 technical semester credit hours toward a technical degree upon enrollment in a public institution of higher education. The Chancellor was also to recommend a process to award proportional semester credit hours for adult career-technical institution students who complete a program of study between 600 and 899 hours AND obtain an industry-recognized credential approved by the Chancellor. The Chancellor convened a broad group of stakeholders to develop a system of articulation for the One-Year Option that was presented in a report to the legislature called, "*Getting to 30: Establishing a One-Year Option Credit Articulation System for Ohio.*"

In order to implement the system of articulation developed with the stakeholders as well as address accreditation requirements for degree granting institutions, the Chancellor convened Credit Affirmation Teams (CATs) to conduct a peer review of programs and certifications for affirmation for a block of 30 semester hours of technical credit. The CATs were comprised of faculty and administrators from Ohio Technical Centers (OTCs) and an equal number from public degree granting colleges and universities in Ohio. The CATs were organized by four discipline clusters: Health and Allied Health, Building and Industrial Technology, Business and Information Technology, and Services. They were charged with reviewing the certifications and, if necessary, program content, to affirm that students completing the selected program at an Ohio Technical Center and earned approved certifications had demonstrated competencies equivalent to 30 semester hours of technical credit. This technical credit would then be granted, as a block, upon enrollment in a degree granting institution. Additional subject matter experts were consulted when core team members did not have sufficient content knowledge of the program being reviewed.

Recommendation

As detailed in the attached template, the Business and Information Technology Team recommends that students will be eligible for a block of 30 semester hours of technical credit towards an *Associate of Technical Studies in Business Technology* when:

- the student has successfully completed a 900+ clock hour program in Medical Office Specialist at an Ohio Technical Center.

And currently holds **ONE** of the following credentials:

1. NCCT – National Certified Medical Office Assistant (CMOA)
2. NHA - Certified Medical Administrative Assistant (CMAA)

And currently holds the following credentials:

1. NHA - Certified Electronic Health Records (CEHRS)

And currently holds ONE of the following credentials:

1. Microsoft Office Specialist (Word, Excel, and Outlook)
2. IC3 (PC Fundamentals, Key Applications, and Living Online)

And concentrates in either Medical Office Coding or Administrative Office

To concentrate in medical coding, a student must complete one of the following certifications.

- [AAPC Certified Professional Coder \(CPC®\)](#)
- [AAPC Certified Professional Coder-Payer \(CPC-P®\)](#)
- [AAPC Certified Outpatient Coding \(COC™\)](#)
- [AAPC Certified Inpatient Coder \(CIC™\)](#)
- [AAPC Certified Risk Adjustment Coder \(CRC™\)](#)
- [AHIMA Certified Coding Associate \(CCA®\)](#)
- [AHIMA Certified Coding Specialist \(CCS®\)](#)
- [AHIMA Certified Coding Specialist-Physician-based \(CCS-P®\)](#)
- [NCCT National Certified Insurance & Coding Specialist \(NCICS\)](#)
- [NHA Certified Billing & Coding Specialist \(CBCS\)](#)

To concentrate in administrative office, a student must complete 20 OPAC exams. Of those 20 exams, students must complete 4 of the 5 required exams.

- [Medical Keyboarding](#) (Required)
- [Medical Proofreading](#) (Required)
- [Medical Terminology](#) (Required)
- [Medical Transcription](#) (Required)
- [Customer Service: Telephone](#) (Required)
- [Record Location](#)
- [Applying Policies](#)
- [Proofreading Practice](#)
- [Bank Reconciliation](#)
- [Bank Deposit](#)
- [Formatting A Letter](#)
- [Windows 7](#)
- [QuickBooks](#)
- [Keyboarding](#)

One-Year Option
Certification Affirmation Template

- [Petty Cash](#)
- [Basic Math](#)
- [Alpha Filing](#)
- [Numeric Filing](#)
- [Proofreading 1](#)
- [Proofreading 2](#)
- [Spelling](#)
- [Reading Comprehension](#)
- [Keyboarding 2](#)
- [10-Key](#)
- [Editing/Formatting from a Rough Draft](#)
- [Advanced Editing/Formatting from a Rough Draft](#)
- [Basic Excel](#)
- [Basic Word](#)

Please note all credentials must be current, valid, and in good standing.

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End of Comment Period: August 18, 2016 at 12:45 pm
No comments received, recommend approval

RECOMMENDATION

The Vice Chancellor of Academic Affairs has verified that this pathway has met the standards and requirements of the Ohio Board of Regents.



8/19/16

Stephanie Davidson, Vice Chancellor of Academic Affairs

Date

APPROVAL



John Carey, Chancellor

9/8/16

Date

ms

Preamble:

The Business and IT Credit Affirmation Team reviewed curriculum and credentials associated with the program Medical Office Specialist with the subject matter experts and representatives from Ohio Technical Centers and Community Colleges. The team determined that the credentialing bodies listed below met the rigorous standards necessary for affirming credit.

The consensus of the team was that there is an array of billing and coding industry-recognized credentials related to Medical Office Specialist programs. The team determined that in order to demonstrate competencies within the field of Medical Office Specialist, students must obtain competencies in the following areas, 1) Medical Administrative Office 2) Electronic Records 3) General Office Application Skills and 4) with either a concentration in Medical Coding or Administrative Office. Please note in order to pass the below credentials, it is necessary that a student has obtained learning competencies in medical terminology, anatomy and physiology.

After a comprehensive review, the team agreed that a student who successfully meets the credentialing pathway below and complete a 900 or more clock hour program in a Medical Office program at an Ohio Technical Center qualifies for 30 technical credits towards an Associate Degree of Technical Studies at a public degree-granting college or university in Ohio.

****Important note: It is the intent of the Ohio Department of Higher Education to review the list of credentials regularly, but because the Medical Office field may experience frequent updates, the credentialing bodies may have modified some the exams listed. If any of the below credentials are updated, please consider the amended credential as eligible to satisfy proof of student competency.****

<u>Content Area</u>	Please note in order to earn 30 semester hours, students MUST complete 1 of the below certifications in Medical Administrative Office, Electronic Records, and General Office Application Skills. Students must then complete credentials to concentrate in either medical coding or administrative office.	
Medical Administrative Office	<u>Must have 1 of the following:</u> 1. NCCT – National Certified Medical Office Assistant (CMOA) OR 2. NHA - Certified Medical Administrative Assistant (CMAA)	<input type="checkbox"/> <input type="checkbox"/>
Electronic Records	<u>Must have the following:</u> 1. NHA - Certified Electronic Health Records (CEHRS)	<input type="checkbox"/>
General Office Application Skills	<u>Must have 1 of the following:</u> 3. Microsoft Office Specialist (Word, Excel, and Outlook) OR 4. IC3 (PC Fundamentals, Key Applications, and Living Online)	<input type="checkbox"/> <input type="checkbox"/>
Medical Coding or Administrative Office Concentration	<u>Must complete either of the following concentrations:</u> 1. Medical Coding Concentration OR 2. Administrative Office Concentration **Please see next page for concentration requirements	<input type="checkbox"/> <input type="checkbox"/>

Please note all credentials should be current (taken within 3 years), valid, and in good standing.

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In order to earn 30 semester hours, students must complete certifications in Medical Administrative Office, Electronic Records, General Office Application Skills, and complete certification to concentrate in EITHER medical coding or administrative office.

To concentrate in medical coding, a student must complete one of the following certifications.

- [AAPC Certified Professional Coder \(CPC®\)](#)
- [AAPC Certified Professional Coder-Payer \(CPC-P®\)](#)
- [AAPC Certified Outpatient Coding \(COCTM\)](#)
- [AAPC Certified Inpatient Coder \(CIC™\)](#)
- [AAPC Certified Risk Adjustment Coder \(CRC™\)](#)
- [AHIMA Certified Coding Associate \(CCA®\)](#)
- [AHIMA Certified Coding Specialist \(CCS®\)](#)
- [AHIMA Certified Coding Specialist-Physician-based \(CCS-P®\)](#)
- [NCCT National Certified Insurance & Coding Specialist \(NCICS\)](#)
- [NHA Certified Billing & Coding Specialist \(CBCS\)](#)

To concentrate in administrative office, a student must complete 20 OPAC exams. Of those 20 exams, students must complete 4 of the 5 required exams.

- | | |
|---|---|
| • <u>Medical Keyboarding</u> (Required) | • <u>Proofreading Practice</u> |
| • <u>Medical Proofreading</u> (Required) | • <u>Bank Reconciliation</u> |
| • <u>Medical Terminology</u> (Required) | • <u>Bank Deposit</u> |
| • <u>Medical Transcription</u> (Required) | • <u>Formatting A Letter</u> |
| • <u>Customer Service: Telephone</u> (Required) | • <u>Windows 7</u> |
| • <u>Record Location</u> | • <u>QuickBooks</u> |
| • <u>Applying Policies</u> | • <u>Keyboarding</u> |
| • <u>Petty Cash</u> | • <u>Keyboarding 2</u> |
| • <u>Basic Math</u> | • <u>10-Key</u> |
| • <u>Alpha Filing</u> | • <u>Editing/Formatting from a Rough Draft</u> |
| • <u>Numeric Filing</u> | • <u>Advanced Editing/Formatting from a Rough Draft</u> |
| • <u>Proofreading 1</u> | • <u>Basic Excel</u> |
| • <u>Proofreading 2</u> | • <u>Basic Word</u> |
| • <u>Spelling</u> | |
| • <u>Reading Comprehension</u> | |

Key:

AAPC= American Academy of Professional Coders
AHIMA= American Health Information Management Association
IC3= Internet and Computing Core

NCCT= National Center for Competency Testing
NHA= National Healthcareer Association
OPAC= Office Professional Assessment Certification

One-Year Option
Certification Affirmation Template

The Program Affirmation Template is designed to provide a common matrix for a peer review process acceptable to the Higher Learning Commission to soundly affirm 30 semester hours of technical credit for Ohio Technical Center graduates who are eligible for the One-Year Option. The template should be completed for every program/subject and signed by the co-chairs of each of the four cluster program areas for every Industry-recognized credential and program reviewed.

Program Name: Medical Office Specialist	Cluster <input checked="" type="checkbox"/> Business & Information Technologies <input type="checkbox"/> Health/Allied Health	
CIP Code: 51.0713 & 51.0714	<input type="checkbox"/> Industrial Trades <input type="checkbox"/> Service Industries & Agriculture	
STEP ONE: CREDENTIAL REVIEW		
	Details/Explanation	Comments
Primary Industry Credential (if there are competing certifications complete page multiple times)	Name: National Center for Competency Testing (NCCT) – National Certified Medical Office Assistant (NCMOA) Type: <input type="checkbox"/> License <input type="checkbox"/> Registry <input checked="" type="checkbox"/> Certification	
Program requirements by credentialing body.	There are three (3) routes of eligibility to take the NCMOA exam. Select route of eligibility from the following: 1. Current Student in a Medical Office Assistant program from an NCCT (authorized) school. 2. Graduation from a Medical Office Assistant program from an NCCT (authorized) school within the past FIVE years. 3. One year of verifiable full-time experience as a Medical Office Assistant practitioner within the past FIVE years. 4. Completion of Medical Office Assistant training or its equivalent during U.S. Military service within the past FIVE years.	
Hour Requirements.	This certification does not have a set requirement for a specific number of program hours.	
Competencies demonstrated by	1. General Office Procedures <ul style="list-style-type: none"> • Communication • Medical Office Computer Applications 	The NCMOA Detailed Test plan reflects the results of a national job analysis study that determined the critical job competencies to be tested by NCCT in

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credential attainment.	<ul style="list-style-type: none"> • Scheduling • Medical Records <ol style="list-style-type: none"> 2. Medical Office General Management 3. Medical Office Financial Management 4. Insurance, Billing, and Coding 5. Law and Ethics 	this certification examination Exam time: three (3) hours; 125 scored items, 25 unscored pretest items https://www.ncctinc.com/Documents/Medical% 20Office% 20Assistant% 20Detailed% 20Test% 20Plan.pdf
Rationale:	The IT Credit Affirmation Team believes attaining the NCCT National Certified Medical Office Assistant (NCMOA) credential affirms that the individual has the knowledge required to complete various medical office administrative tasks beginning with initial patient contact through final payment. This belief is based on the following: to be eligible to take the exam, the individual must have completed an approved training program or have work experience. The NCMOA is a nationally recognized credential developed by content experts, the testing environment is secure, and the exam is proctored.	

Program Name: Medical Office Specialist CIP Code: 51.0713 & 51.0714	Cluster <input checked="" type="checkbox"/> Business & Information Technologies <input type="checkbox"/> Health/Allied Health <input type="checkbox"/> Industrial Trades <input type="checkbox"/> Service Industries & Agriculture	
STEP ONE: CREDENTIAL REVIEW		
	Details/Explanation	Comments
Primary Industry Credential (if there are competing certifications complete page multiple times)	Name: National Healthcareer Association (NHA) – Certified Medical Administrative Assistant (CMAA) Type: <input type="checkbox"/> License <input type="checkbox"/> Registry <input checked="" type="checkbox"/> Certification	
Program requirements by credentialing body.	Requirements: To be eligible to sit for an NHA-CMAA certification and receive certification, each candidate must successfully complete a training program or have relevant work experience as described below: <ol style="list-style-type: none"> 1. Training Program - Candidates must successfully complete a training program in the health field covered by the NHA certification exam offered by an accredited or state-recognized 	The following credentialing body and its associated certification has additional information for competencies available on the noted website: http://www.nhanow.com/certifications/medical-administrative-assistant Also see “Candidate Handbook” at http://www.nhanow.com/docs/default-

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	<p>institution or provider.</p> <p>2. Military - Formal medical services training in the health field covered by the NHA certification exam offered by any branch of the U.S. Military fulfills the Training Program.</p> <p>Candidates whose date of graduation or completion from their training program is five years or more prior to the date of application, also must have relevant work experience as described below.</p> <p>1. Work Experience - Candidates must have at least one (1) year of supervised work experience in the health field covered by the NHA certification exam within the past three (3) years.</p>	<p>source/pdfs/handbooks/nha-candidate-handbook.pdf?sfvrsn=2</p>
Hour Requirements.	This certification does not have a set requirement for a specific number of program hours.	
Competencies demonstrated by credential attainment.	<ul style="list-style-type: none"> • Scheduling • Patient Intake • Office Logistics • Compliance • Patient Education • General Office Policies and Procedures • Basic Medical Terminology 	<p>NHA Certified Medical Administrative Assistant (CMAA) Test Plan (Detailed). Exam Time: 2 hours 10 minutes; 110 scored items, 20 pretest items</p> <p>http://www.nhanow.com/docs/default-source/pdfs/exam-documentation/test-plans/nha-certified-medical-administrative-assistant-(cmaa).pdf?sfvrsn=2</p>
Rationale:	<p>The IT Credit Affirmation Team believes attaining the NHA Certified Medical Administrative Assistant (CMAA) credential affirms that the individual has the knowledge required to work as a Medical Administrative Assistant including topics such as healthcare structure and organization; medical law and ethics; healthcare documentation; and medical office procedures, management, and practice finances. This belief is based on the following: To be eligible to take the exam, the individual must have completed an approved training program or have work experience. The CMAA is a nationally recognized credential developed by content experts, the testing environment is secure, and the exam is proctored.</p>	

Program Name:	Cluster
Medical Office Specialist	<input checked="" type="checkbox"/> Business & Information Technologies <input type="checkbox"/> Health/Allied Health
CIP Code: 51.0713 & 51.0714	<input type="checkbox"/> Industrial Trades <input type="checkbox"/> Service Industries & Agriculture

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STEP ONE: CREDENTIAL REVIEW

	Details/Explanation	Comments
Primary Industry Credential (if there are competing certifications complete page multiple times)	Name: National Healthcareer Association (NHA) - Electronic Health Record Specialist Certification (CEHRS™) Type: <input type="checkbox"/> License <input type="checkbox"/> Registry <input checked="" type="checkbox"/> Certification	
Program requirements by credentialing body.	Requirements: To be eligible to sit for an NHA- CEHRS™ certification and receive certification, each candidate must: Successfully complete a training program or have relevant work experience as described below: 1. Training Program - Candidates must successfully complete a training program in the health field covered by the NHA certification exam offered by an accredited or state-recognized institution or provider. 2. Military - Formal medical services training in the health field covered by the NHA certification exam offered by any branch of the U.S. Military fulfills the Training Program. Candidates whose date of graduation or completion from their training program is five years or more prior to the date of application, also must have relevant work experience as described below. Work Experience - Candidates must have at least one (1) year of supervised work experience in the health field covered by the NHA certification exam within the past three (3) years.	The following credentialing body and its associated certification has additional information for competencies available on the noted website: http://www.nhanow.com/certifications/electronic-health-records-specialist Also see “Candidate Handbook” at http://www.nhanow.com/docs/default-source/pdfs/handbooks/nha-candidate-handbook.pdf?sfvrsn=2
Hour Requirements.	This certification does not have a set requirement for a specific number of program hours.	
Competencies demonstrated by credential attainment.	<ul style="list-style-type: none"> • Software Applications and Equipment • Insurance and Billing • Charting • Regulatory Compliance • Reporting 	NHA Certified Electronic Health Record Specialist (CEHRS) Detailed Test Plan Exam time: 1 hour 50 minutes; 100 scored items, 10 pretest items http://www.nhanow.com/docs/default-

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	source/pdfs/exam-documentation/test-plans/nha-certified-ehr-specialist-(cehrs)-test-plan.pdf?sfvrsn=2
Rationale:	The IT Credit Affirmation Team believes attaining the NHA Electronic Health Record Specialist Certification (CEHRS™) credential affirms that the individual has the knowledge required to be responsible for electronically recording data for collection, storage, evaluation, retrieval and reporting, assuring the compliance of all electronic health records data and procedures. This belief is based on the following: To be eligible to take the exam, the individual must have completed an approved training program or have work experience. The CEHRS™ is a nationally recognized credential developed by content experts, the testing environment is secure, and the exam is proctored.

Program Name: Medical Office Specialist	Cluster <input checked="" type="checkbox"/> Business & Information Technologies <input type="checkbox"/> Health/Allied Health <input type="checkbox"/> Industrial Trades <input type="checkbox"/> Service Industries & Agriculture	
CIP Code: 51.0713 & 51.0714		
STEP ONE: CREDENTIAL REVIEW		
	Details/Explanation	Comments
Primary Industry Credential (if there are competing certifications complete page multiple times)	Name: Microsoft Office Specialist (MOS) certifications Type: <input type="checkbox"/> License <input type="checkbox"/> Registry <input checked="" type="checkbox"/> Certification	Certifications are needed in the following 3 areas: 1. Microsoft Office Specialist - Word 2. Microsoft Office Specialist - Excel 3. Microsoft Office Specialist - Outlook
Program requirements by credentialing body.	No known program requirements	Microsoft Office Specialist (MOS) exams are provided by a third-party vendor and one would register for an exam at Certiport's website. http://www.certiport.com/locator
Hour Requirements.	This certification does not have a set requirement for a specific number of program hours.	
Competencies demonstrated by credential attainment.	Demonstrate skills and abilities to use full functionality of Microsoft Office Specialist (MOS) certifications in Word, Excel and Outlook as follows:	Word - https://www.microsoft.com/en-us/learning/exam-77-418.aspx

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	<ul style="list-style-type: none"> • Word: A core-level candidate for the Microsoft Word exam should have an understanding of the Word environment including the ability create and manage documents; format text, paragraphs, and sections; create tables and lists; and insert and format objects. • Excel: A core-level candidate for the Microsoft Excel exam should have an understanding of the Excel environment including the ability create and manage worksheets and workbooks; create cells and ranges; create tables; apply formulas and functions; and create charts and objects. • Outlook: A core-level candidate for the Microsoft Outlook exam should have an understanding of the Outlook environment including the ability to manage the Outlook environment; manage messages; schedules; contacts and groups. 	<p>Excel - https://www.microsoft.com/en-us/learning/exam-77-420.aspx</p> <p>Outlook - https://www.microsoft.com/en-us/learning/exam-77-423.aspx</p>
Rationale:	<p>The IT Credit Affirmation Team believes attaining the Microsoft Office Specialist (MOS) certifications in Word, Excel and Outlook affirm that the individual has the knowledge required to use the full features and functionality of Microsoft Office products used in a medical office environment. Based on these certification being nationally recognized, having a secure testing environment, and being proctored the team believes this credential is reliable and valid.</p>	

Program Name: Medical Office Specialist	Cluster <input checked="" type="checkbox"/> Business & Information Technologies <input type="checkbox"/> Health/Allied Health <input type="checkbox"/> Industrial Trades <input type="checkbox"/> Service Industries & Agriculture	
CIP Code: 51.0713 & 51.0714		
STEP ONE: CREDENTIAL REVIEW		
	Details/Explanation	Comments
Primary Industry Credential (if there are competing certifications complete page multiple times)	<p>Name: Internet and Computing Core Certifications (IC3) – Digital Literacy certification</p> <p>Type: <input type="checkbox"/> License <input type="checkbox"/> Registry</p>	<p>Certifications are needed in the following 3 areas:</p> <ol style="list-style-type: none"> 1. PC Fundamentals 2. Key Applications 3. Living Online

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	<input checked="" type="checkbox"/> Certification	
Program requirements by credentialing body.	Must have high school diploma or GED equivalent. Student must graduate from an approved program of study.	
Hour Requirements.	This certification does not have a set requirement for a specific number of program hours.	
Competencies demonstrated by credential attainment.	<p>Internet and Computing Core Certifications (IC3) exam objectives are aligned with current technologies and relevant digital literacy requirements, including social media, collaboration, and cloud computing concepts. The IC3 certification is comprised of three individual exams and is designed to validate competency in three key areas:</p> <ol style="list-style-type: none"> 1. Computing Fundamentals 2. Living Online 3. Key Applications <p>Please see the above links for competencies related to each of these areas.</p>	This program includes skills and competencies for the back-office operations. The following credentialing bodies and their associated certifications have additional information for competencies available on the noted website:
Rationale:	The IT Credit Affirmation Team believes attaining the Internet & Computing Core Certification (IC3) exams in Computing Fundamentals, Key Applications, and Living Online affirm that the individual has the knowledge required to excel in fields that involve computers and the Internet. The IC3 is a nationally recognized credential developed by content experts, testing environments are secure, and the exams are proctored.	

PATHWAY #1 – MEDICAL CODING CERTIFICATION

Program Name: Medical Office Specialist – Medical Coding	Cluster <input checked="" type="checkbox"/> Business & Information Technologies <input type="checkbox"/> Health/Allied Health <input type="checkbox"/> Industrial Trades <input type="checkbox"/> Service Industries & Agriculture	
CIP Code: 51.0713 & 51.0714		
STEP ONE: CREDENTIAL REVIEW		
	Details/Explanation	Comments
Primary Industry Credential (if there are	Name: American Academy of Professional Coders (AAPC) Type:	Needs to hold one of the following certifications: • Certified Professional Coder (CPC®)

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competing certifications complete page multiple times)	<input type="checkbox"/> License <input type="checkbox"/> Registry <input checked="" type="checkbox"/> Certification	<ul style="list-style-type: none"> • Certified Professional Coder-Payer (CPC-P®) • Certified Outpatient Coding (COCTM) • Certified Inpatient Coder (CICTM) • Certified Risk Adjustment Coder (CRC™) 								
Program requirements by credentialing body.	<p>Must have high school diploma or GED equivalent. Graduate from an approved program of study.</p> <table border="1" data-bbox="457 409 1310 889"> <thead> <tr> <th>Certification</th> <th>Experience Requirements</th> </tr> </thead> <tbody> <tr> <td>CPC, CPC-P, & COC</td> <td>Must have at least two years medical coding experience (member's with an apprentice designation are not required to have two years medical coding experience.)</td> </tr> <tr> <td>CIC</td> <td>No experience requirement, but strongly recommended that the candidate have at least two years of experience in inpatient coding or an inpatient-coding course.</td> </tr> <tr> <td>CRC</td> <td>No experience requirement, but strongly recommend that the candidate have at least two years of experience in risk adjustment coding or a risk adjustment-coding course.</td> </tr> </tbody> </table> <p>Continuing education is required to numerous exams. For requirements, please see the CEU Information page.</p>	Certification	Experience Requirements	CPC, CPC-P, & COC	Must have at least two years medical coding experience (member's with an apprentice designation are not required to have two years medical coding experience.)	CIC	No experience requirement, but strongly recommended that the candidate have at least two years of experience in inpatient coding or an inpatient-coding course.	CRC	No experience requirement, but strongly recommend that the candidate have at least two years of experience in risk adjustment coding or a risk adjustment-coding course.	<p>This program includes skills and competencies for the back-office operations. The following credentialing bodies and their associated certifications have additional information for competencies available on the noted website: https://www.aapc.com/certification/cpc/?utm_expidx=3084039-26.62QdM5-dRainVEAKKhzcMg.0&utm_referrer=https%3A%2F%2Fwww.aapc.com%2F#tab-3</p>
Certification	Experience Requirements									
CPC, CPC-P, & COC	Must have at least two years medical coding experience (member's with an apprentice designation are not required to have two years medical coding experience.)									
CIC	No experience requirement, but strongly recommended that the candidate have at least two years of experience in inpatient coding or an inpatient-coding course.									
CRC	No experience requirement, but strongly recommend that the candidate have at least two years of experience in risk adjustment coding or a risk adjustment-coding course.									
Hour Requirements.	No specific number of hours required									
Competencies demonstrated by credential attainment.	<p>AAPC Certified Professional Coder (CPC®) The CPC core competencies consist of knowing the correct application of ICD-10-CM diagnosis codes used for billing professional medical services to insurance companies. Knowledge of proper modifier use, coding guidelines and regulatory rules.</p> <ul style="list-style-type: none"> • Expertise in reviewing and assigning accurate medical codes for diagnoses, procedures, and services performed by physicians and other qualified healthcare providers in the office or facility setting (e.g., inpatient hospital) • Proficiency across a wide range of services, including evaluation and management, anesthesia, surgery, radiology, 	<p>Certified Professional Coder (CPC®) Exam Exam time: 5 hours and 40 minutes; 150 multiple choice questions (proctored) https://www.aapc.com/certification/cpc/?utm_expidx=3084039-26.62QdM5-dRainVEAKKhzcMg.0&utm_referrer=https%3A%2F%2Fwww.aapc.com%2F</p>								

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pathology, and medicine

- A sound knowledge of medical coding guidelines and regulations including compliance and reimbursement – allowing a CPC to better handle issues such as medical necessity, claims denials, bundling issues, and charge capture
- Understanding of how to integrate medical coding and payment policy changes into a practice's reimbursement processes
- Knowledge of anatomy, physiology, and medical terminology necessary to correctly code provider diagnosis and services

AAPC Certified Professional Coder-Payer (CPC-P®)

The CPC-P® certification demonstrates a coder's aptitude, proficiency, and knowledge of coding guidelines and reimbursement methodologies for all types of services from the payer's perspective. Exam topics include Medical Records and Coding, Medical Terminology, ICD-10-CM, CPT® Coding, HCPCS Level II Coding, modifiers, outpatient facility reimbursement, physician, reimbursement, inpatient reimbursement, HIPAA, and health insurance concepts.

AAPC Certified Outpatient Coding (COC™)

Certified COC's (formerly CPC-H) competencies in outpatient facility/hospital services include:

- Proficiency in assigning accurate medical codes for diagnoses, procedures and services performed in the outpatient setting (emergency department visits, outpatient clinic visits, same day surgeries, diagnostic testing (radiology and laboratory), and outpatient therapies (physical therapy, occupational therapy, speech therapy, and chemotherapy)
- Proficiency across a wide range of services, including evaluation and management, anesthesia, surgical services, radiology, pathology, and medicine
- Knowledge of coding rules and regulations along with proficiency on issues regarding medical coding, compliance, and reimbursement under outpatient grouping systems. COC's

APC- Certified Professional Coder-Payer (CPC-P®) Exam

Exam time: 5 hours and 40 minutes

150 multiple choice questions (proctored)

<https://www.aapc.com/certification/cpc-p/#tab-1>

AAPC – Certified Outpatient Coding (COC™) Exam

Exam time: 5 hours and 40 minutes;

150 multiple choice questions (proctored)

<https://www.aapc.com/certification/coc/>

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can better handle issues such as medical necessity, claims denials, bundling issues, and charge capture

- Ability to integrate coding and reimbursement rule changes in a timely manner to include updating the Charge Description Master (CDM), fee updates, and the Field Locators (FL) on the UB04
- Correctly completing a CMS 1500 for ASC services and UB04 for outpatient services, including the appropriate application of modifiers
- Knowledge of anatomy, physiology, and medical terminology commensurate with ability to correctly code provider services and diagnoses
- A working knowledge in the assignment of ICD-10-CM codes from Volumes 1 & 2

AAPC Certified Inpatient Coder (CIC™)

CIC certification is dedicated to inpatient hospital/facility coding. The CIC validates knowledge and experience in abstracting information from the medical record for ICD-10-CM and ICD-10-PCS coding, and specialized payment knowledge in MS-DRGs and Inpatient Prospective Payment Systems (IPPS) and includes competencies in:

- Medical record review to abstract information required to support accurate inpatient coding
- Assigning accurate ICD-10 medical codes for diagnoses and procedures performed in the inpatient setting
- Current rules, regulations, and issues regarding medical coding, compliance, and reimbursement under MS-DRG and IPPS systems
- The ability to integrate coding and reimbursement rule changes in a timely manner to include updating the Charge Description Master (CDM), fee updates, and the Field Locators (FL) on the UB04
- Solid understanding of anatomy, physiology, and medical terminology required to correctly code facility services and

AAPC – Certified Inpatient Coder (CIC™) Exam

Exam time: 5 hours and 40 minutes;
60 multiple choice questions and 10 inpatient cases fill in the blank (proctored)

<https://www.aapc.com/certification/cic/>

One-Year Option
Certification Affirmation Template

	<p>diagnoses</p> <ul style="list-style-type: none"> • Understanding of outpatient reimbursement methodologies (OPPS) <p>AAPC Certified Risk Adjustment Coder (CRC™) A CRC has to possess knowledge to assign the correct diagnosis (ICD-10-CM) codes for a wide variety of clinical cases and services for risk adjustment models. Competencies include:</p> <ul style="list-style-type: none"> • Expertise in reviewing and assigning accurate medical codes for diagnoses performed by physicians and other qualified healthcare providers in the office or facility setting (e.g., inpatient hospital) • A sound knowledge of medical coding guidelines and regulations including compliance and reimbursement – allowing a CRC to understand the impact of diagnosis coding on risk adjustment payment models • Understand the audit process for risk adjustment models • Ability to identify and communicate documentation deficiencies to providers to improve documentation for accurate risk adjustment coding • Knowledge of anatomy, pathophysiology, and medical terminology necessary to correctly code diagnoses 	<p>AAPC – Certified Risk Adjustment Coder (CRC™) Exam Exam time: 5 hours 40 minutes; 150 multiple choice questions https://www.aapc.com/certification/crc/</p>
<p>Rationale:</p>	<p>The IT Credit Affirmation Team believes attaining one of following AAPC credentials affirms that the individual has expertise in reviewing and assigning accurate medical codes for diagnoses, procedures, and services performed by physicians and other qualified healthcare providers in the office or facility setting (e.g., inpatient hospital). AAPC credentials are nationally recognized credentials developed by content experts, testing environments are secure and the exams are proctored.</p>	

<p>Program Name: Medical Office Specialist – Medical Coding</p> <p>CIP Code: 51.0713 & 51.0714</p>	<p>Cluster</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Business & Information Technologies <input type="checkbox"/> Health/Allied Health <input type="checkbox"/> Industrial Trades <input type="checkbox"/> Service Industries & Agriculture
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One-Year Option
Certification Affirmation Template

STEP ONE: CREDENTIAL REVIEW

	Details/Explanation	Comments
Primary Industry Credential (if there are competing certifications complete page multiple times)	Name: American Health Information Management Association (AHIMA) Type: <input type="checkbox"/> License <input type="checkbox"/> Registry <input checked="" type="checkbox"/> Certification	Needs to hold one of the following certifications: <ul style="list-style-type: none"> • Certified Coding Associate (CCA®) • Certified Coding Specialist (CCS®) • Certified Coding Specialist-Physician-based (CCS-P®)
Program requirements by credentialing body.	AHIMA Certified Coding Associate (CCA®) Recommended (not required) - Training and Recommendations <ul style="list-style-type: none"> • 6 months coding experience directly applying codes; OR • Completion of an AHIMA approved coding program; OR • Completion of other coding training program to include anatomy & physiology, medical terminology, Basic ICD diagnostic/procedural and Basic CPT coding. AHIMA Certified Coding Specialist (CCS®) Certified Coding Specialist-Physician-based (CCS-P®) For both the CCS and CCS-P, candidates must meet one of the following eligibility requirements: <ul style="list-style-type: none"> • By Credential: RHIA®, RHIT®, or CCS-P® OR • By Education: The following courses MUST be completed; anatomy & physiology, pathophysiology, pharmacology, medical terminology, reimbursement methodology, intermediate/advanced ICD diagnostic/procedural and CPT coding; OR • By Experience: Minimum of two (2) years of related coding experience directly applying codes; OR • By Credential with Experience: CCA® plus one (1) year of coding experience directly applying codes; OR • Other Coding credential from other certifying organization plus one (1) year coding experience directly applying codes. 	This program includes skills and competencies for the back-office operations. The following credentialing bodies and their associated certifications have additional information for competencies available on the noted website: http://www.ahima.org/certification/CCA http://www.ahima.org/certification/CCS http://www.ahima.org/certification/ccsp
Hour Requirements.	No specific number of hours required	

One-Year Option
Certification Affirmation Template

Competencies demonstrated by credential attainment.

AHIMA Certified Coding Associate (CCA®)

The CCA credential demonstrates coding competencies across all settings, including both hospitals and physician practices.

Competencies include:

- Clinical classification systems
- Reimbursement methodologies
- Health records and data content
- Compliance
- Information technologies
- Confidentiality & privacy

AHIMA Certified Coding Specialist (CCS®)

CCS competencies include:

- Health information documentation
- Diagnosis & procedure coding
- Regulatory guidelines and reporting requirements for acute care (inpatient) service
- Data quality and management
- information and communication technologies
- Privacy, confidentiality, legal, and ethical issues
- Compliance

AHIMA Certified Coding Specialist-Physician-based (CCS-P®)

Certified Coding Specialist – Physician-Based (CCSP) specializes in physician-based settings such as physician offices, group practices, multi-specialty clinics, or specialty centers.

Competencies include:

- Health information documentation
- Diagnosis and/or procedure coding
- Regulatory guidelines and reporting requirements for outpatient services
- Data quality and management
- Privacy, confidentiality, legal, and ethical issues
- Compliance

Certified Coding Associate (CCA®) Exam

Exam time: 2 hours; 100 multiple-choice item examination consisting of 90 scored items and 10 pretest items

<http://www.ahima.org/certification/CCA>

Certified Coding Specialist (CCS®) Exam

<http://www.ahima.org/certification/CCS>

Exam time: 4 hours; 97 single response multiple-choice items plus 8 medical scenarios

Certified Coding Specialist-Physician-based (CCS-P®) Exam

Exam time: 4 hours; 88 single response multiple-choice items plus 8 multiple response items, and 13 medical record cases

<http://www.ahima.org/certification/ccsp>

One-Year Option
Certification Affirmation Template

Rationale:	The IT Credit Affirmation Team believes attaining one of above credentials through AHIMA affirms that the individual has expertise in reviewing and assigning accurate medical codes for diagnoses, procedures, and services performed by physicians and other qualified healthcare providers in the office or facility setting (e.g., inpatient hospital). AHIMA credentials are nationally recognized credentials developed by content experts, testing environments are secure and the exams are proctored.
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Program Name: Medical Office Specialist – Medical Coding	Cluster <input checked="" type="checkbox"/> Business & Information Technologies <input type="checkbox"/> Health/Allied Health <input type="checkbox"/> Industrial Trades <input type="checkbox"/> Service Industries & Agriculture
CIP Code: 51.0713 & 51.0714	

STEP ONE: CREDENTIAL REVIEW

	Details/Explanation	Comments
Primary Industry Credential (if there are competing certifications complete page multiple times)	Name: National Center for Competency Testing (NCCT) National Certified Insurance & Coding Specialist (NCICS) Type: <input type="checkbox"/> License <input type="checkbox"/> Registry <input checked="" type="checkbox"/> Certification	
Program requirements by credentialing body.	Must have high school diploma or GED equivalent. Graduate from an approved program of study. There are three (3) routes of eligibility to take the NCICS exam. <ol style="list-style-type: none"> 1.1. Current Student in an Insurance & Coding program from an NCCT (authorized) school 1.2. Graduation from an Insurance & Coding program from an NCCT (authorized) school within the past FIVE years 1.3. One year of verifiable full-time experience as an Insurance & Coding practitioner within the past FIVE years 1.4. Completion of Insurance & Coding training or its equivalent during U.S. Military service within the past 	This program includes skills and competencies for the back-office operations. The following credentialing bodies and their associated certifications have additional information for competencies available on the noted website: https://www.ncctinc.com/Certifications/INS.aspx

One-Year Option
Certification Affirmation Template

	FIVE years	
Hour Requirements.	No specific number of hours required	
Competencies demonstrated by credential attainment.	<p>Competencies demonstrated by Insurance and Coding Specialists include providing medical billing and coding services to physician's offices and medical specialty practices for health care providers to be paid for services rendered. Insurance and Coding Specialists must be knowledgeable and possess skills in the areas of medical terminology, anatomy & physiology, diagnostic and procedural coding, insurance claims processing, and medical billing procedures. Content categories include:</p> <ul style="list-style-type: none"> • Medical Insurance • Medical billing <ul style="list-style-type: none"> ○ Electronic Medical Records / Electronic Health Records ○ Collections ○ Claims processing • Coding <ul style="list-style-type: none"> ○ ICD-10 ○ HCPCS ○ CPT • Law & Ethics 	<p>National Center for Competency Testing (NCCT) National Certified Insurance & Coding Specialist (NCICS) Exam time: 3 hours; 100 scored items and 25 unscored pretest items https://www.ncctinc.com/Documents/Insurance%20and%20Coding%20Specialist%20Detailed%20Test%20Plan.pdf</p>
Rationale:	<p>The IT Credit Affirmation Team believes attaining the NCCT National Certified Insurance & Coding Specialist (NCICS) affirms that the individual has expertise in providing medical billing and coding services to physician's offices and medical specialty practices for health care providers. The NCCT National Certified Insurance & Coding Specialist (NCICS) credential is nationally recognized credentials developed by content experts, testing environments are secure, and the exams are proctored.</p>	

Program Name: Medical Office Specialist – Medical Coding	Cluster <input checked="" type="checkbox"/> Business & Information Technologies <input type="checkbox"/> Health/Allied Health
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One-Year Option
Certification Affirmation Template

CIP Code: 51.0713 & 51.0714	<input type="checkbox"/> Industrial Trades <input type="checkbox"/> Service Industries & Agriculture	
STEP ONE: CREDENTIAL REVIEW		
	Details/Explanation	Comments
Primary Industry Credential (if there are competing certifications complete page multiple times)	Name: National Healthcareer Association (NHA) Certified Billing & Coding Specialist (CBCS) Type: <input type="checkbox"/> License <input type="checkbox"/> Registry <input checked="" type="checkbox"/> Certification	
Program requirements by credentialing body.	Must have high school diploma or GED equivalent and graduate from an approved program of study.	This program includes skills and competencies for the back-office operations. The following credentialing bodies and their associated certifications have additional information for competencies available on the noted website: http://www.nhanow.com/certifications/billing-coding
Hour Requirements.	No specific number of hours required	
Competencies demonstrated by credential attainment.	Competencies demonstrated by Insurance and Coding Specialists include providing medical billing and coding services to physician's offices and medical specialty practices for health care. Insurance and Coding Specialists must be knowledgeable and possess skills in the areas of medical terminology, anatomy & physiology, diagnostic and procedural coding, insurance claims processing, and medical billing procedures. Content categories include: <ul style="list-style-type: none"> • Gather/review essential patient information • Verify required documentation before patient information is released • Prevent fraud/abuse by auditing billing • Support coding and billing process • Assign codes for diagnoses and procedures • Submit claims for reimbursement 	National Healthcareer Association (NHA) Certified Billing & Coding Specialist (CBCS) Exam time: 2 hours; 100 questions, 20 pretest questions http://www.nhanow.com/docs/default-source/pdfs/exam-documentation/test-plans/nha-certified-billing-and-coding-specialist-(cbcs)-test-plan.pdf?sfvrsn=2

One-Year Option
Certification Affirmation Template

	<ul style="list-style-type: none"> Coach healthcare providers to achieve optimal reimbursement
Rationale:	The IT Credit Affirmation Team believes attaining the NHA Certified Billing & Coding Specialist (CBCS) credentials affirms that the individual has expertise in reviewing and assigning accurate medical codes for diagnoses, procedures, and services performed by physicians and other qualified healthcare providers in the office or facility setting (e.g., inpatient hospital). The NHA CBCS credential is nationally recognized credentials developed by content experts, testing environments are secure, and the exams are proctored.

PATHWAY #2 – Administrative Office Certification

Program Name: Medical Office Specialist – Administrative Office	Cluster <input checked="" type="checkbox"/> Business & Information Technologies <input type="checkbox"/> Health/Allied Health <input type="checkbox"/> Industrial Trades <input type="checkbox"/> Service Industries & Agriculture	
CIP Codes: 51.0705, 51.0709, 51.0710, 51.0712, & 51.0716		
STEP ONE: CREDENTIAL REVIEW		
	Details/Explanation	Comments
Primary Industry Credential (if there are competing certifications complete page multiple times)	Name: Office Proficiency, Assessment & Certification (OPAC) Type: <input type="checkbox"/> License <input type="checkbox"/> Registry <input checked="" type="checkbox"/> Certification	
Program requirements by credentialing body.	N/A	
Hour Requirements.	This certification does not have a set requirement for a specific number of program hours.	
Competencies demonstrated by credential attainment.	Includes competencies of office skills including keyboarding, proofreading, data entry, and transcription. Credentials are designed for the legal and medical environments. Student must pass at least 20 OPAC exams and pass 4 of the 5 required exams. Required (4 of 5) Additional Exams (at least 16)	Test descriptions are available at the following link: http://www.opac.com/office-skills-test-descriptions/

One-Year Option
Certification Affirmation Template

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|--|--|---|
| | <ul style="list-style-type: none"> • Medical Keyboarding • Medical Proofreading • Medical Terminology • Medical Transcription • Customer Service:
Telephone | <ul style="list-style-type: none"> • Record Location • Applying Policies • Petty Cash • Basic Math • Alpha Filing • Numeric Filing • Proofreading 1 • Proofreading 2 • Spelling • Reading Comprehension • Proofreading Practice • Bank Reconciliation • Bank Deposit • Formatting A Letter • Windows 7 • QuickBooks • Keyboarding • Keyboarding 2 • 10-Key • Editing/Formatting from a Rough Draft • Advanced Editing/Formatting from a Rough Draft • Basic Excel • Basic Word |
|--|--|---|

Rationale:

The IT Credit Affirmation Team believes attaining the Office Proficiency, Assessment & Certification (OPAC) credential affirms that the individual has the knowledge required to complete various office administrative tasks. This belief is based on the following: To be eligible to take the exam, the individual must have completed an approved training program or have work experience. The OPAC is a nationally recognized credential developed by content experts, the testing environment is secure, and the exam is proctored.

ONLY IF NECESSARY TO AFFIRM 30 CREDITS----STEP TWO: PROGRAM-RELATED COMPETENCIES OBTAINED OUTSIDE OF PRIMARY CREDENTIAL

One-Year Option
Certification Affirmation Template

	Details/Explanation	Comments
Additional related complementary credential(s) or badge(s) (e.g. OSHA 10, CPR).		
Competencies demonstrated by additional credential attainment.		
Description of additional program elements beyond primary credential.		
Program related competencies/learning outcomes outside of credential(s). Include how competencies are demonstrated.		
Other Parameters of Competency.		
Programs as of Spring 2016:	Ohio Technical Center Buckeye Career Center Canton City Schools Career and Technology Education Centers of Licking County Columbiana County Career Center Buckeye Hills Career Center Knox County Career Center Mahoning County Career Center Polaris Career Center	Program Name Medical Insurance Coding, Terminology, & Transcription Medical Insurance Billing and Coding Medical Office Specialist Medical Billing & Coding Medical Office Management/Administration Medical Insurance Billing Health Information & Medical Office Management Medical Billing & Coding
		Clock Hours 900 1020 900 900 936 900 990 900

One-Year Option
Certification Affirmation Template

Portage Lakes Career Center	Medical Office and Billing	900
Scioto County Career Technical Center	Medical Office Technology	900
Southern Hills Career Center	Computerized Business and Medical Applications	900
Wayne County Career Center	Medical Office Billing & Coding Specialist	1000

Committee Members and Subject Matter Experts:

Name	Role	Institution
Scott Halm	Co-Chair	Cuyahoga Community College
Amy Leedy	Co-Chair	Miami Valley Career Technology Center
Carleen Dotson	Member	Tri-County Adult Career Center
Angelo Frole	Member & Subject Matter Expert	Columbus State Community College
Jeanie Haapalainen	Member & Subject Matter Expert	Ashland County West Holmes Career Center
Tony Hills	Member	Northwest State Community College
Larry Ray	Member	Stark State College
Greg Timberlake	Member	North Central State College
Tina Trombley	Member	Career & Technology Education Centers of Licking County
Teresa Thurston	Subject Matter Expert	Great Oaks Career Campuses

OTHER COMMENTS.

AFFIRMED NUMBER OF TECHNICAL BLOCK CREDITS 30 semester hours

LENGTH OF TIME CREDENTIAL CAN BE USED FOR ONE-YEAR OPTION: Must have completed a 900+ hour program at an Ohio Technical Center and all certifications must be current and have been taken in the past 3 years.

Co-chair signatures:



Scott Halm

Associate Dean, Business and Information Technology
 Cuyahoga Community College



Amy Leedy

Adult Education Supervisor
 Miami Valley Career Technology Center

Date: 8/2/2016