GUIDELINES FOR APPROVAL OF CONTINUING EDUCATION PROGRAMS
FOR STATE, LOCAL AND REGIONAL
HEALTH INFORMATION MANAGEMENT ASSOCIATIONS

1. INTRODUCTION

The Council on Certification promulgates the following guidelines which allow state, local and regional health information management associations to approve continuing education (CE) programs offered by their organizations and to assign the appropriate number of clock hour credits.

These guidelines have the following limitations:

• Only state, local and regional health information management associations affiliated with AHIMA are authorized to approve their continuing education programs (e.g., such as seminars, workshops, instructional materials developed by state associations and state meeting programs.

• Other organizations interested in AHIMA approval, must do so through the AHIMA’s Prior Approval Program.

The AHIMA Certification Department staff is available for consultation when assistance with the guidelines is needed.

2. DESIGNATING INDIVIDUAL RESPONSIBLE FOR APPROVAL OF CONTINUING EDUCATION PROGRAMS

The president or other appropriate officer of the state, local or regional health information management association should assign the responsibility for prior approval of educational programs to a specific committee and/or individual (e.g., Central Office Coordinator, Program Committee Chairperson, etc.) within the organization.

3. DETERMINING PROGRAM CONTENT ELIGIBLE FOR CONTINUING EDUCATION CREDIT

Program content eligible for continuing education credit consists of topics relevant to the field of health information management practice. Sessions which maintain, update, or enlarge knowledge and/or skills related to health information management practice are appropriate. This provides wide latitude in selecting program content. Program planners should design programs that address the needs of practicing health information management professionals. The overall program objective should always
be to increase the competence and improve the performance of individuals currently practicing in the field.

In order to achieve this objective, planners should seek ways to address identified areas for development in health information management practice by looking at the following areas:

◊ Specialized or more advanced areas of practice
◊ Non-hospital health information management practice,
◊ New and evolving technology, principles and practices, or
◊ Entry level practice areas

Regardless of the level of practice targeted in educational programs, the content must be relevant to the health information management field as presented in the HIM Domains to be eligible for continuing education credit. The HIM Domains are the following:

◊ Technology
◊ Management Development
◊ Clinical Data Management
◊ Performance Improvement
◊ External Forces
◊ Clinical Foundations and
◊ Privacy and Security.

Continuing education credit cannot be awarded for the following program components (time allotted to these activities must be excluded from the hours for which continuing education credit is awarded):

◊ registration time
◊ greetings or welcome
◊ breaks
◊ meals
◊ business meetings
◊ tours
◊ delegate’s reports (either state or national meetings)
◊ state updates
◊ AHIMA update not presented by an AHIMA Board Member, an AHIMA staff member or a council member acting as an official representative of AHIMA
◊ functions not considered Health Information Management-related, e.g., travelogues, fashion, personal financial planning, etc.

Note: Vendor exhibits are allotted only 1 hour of CE credit, regardless of the amount of time given for Vendor exhibits at a meeting
It is suggested that objectives of the program be identified and advertised. It is also suggested that the qualifications of speakers be reviewed to assure they are appropriate to the topic presented.

4. CALCULATING CONTINUING EDUCATION HOURS

Continuing education hours are based on educational contact hours. Sixty minutes of attendance at an educational program equals one continuing education hour. The Continuing Education Division does not accept fractions of an hour.

a. Program Chairmen should tally all educational sessions for the day. Exclude any ineligible portions listed in Section 3. Whenever the total is not a whole number, adjust the total hours by rounding. The rounding criterion is 45 minutes.

• Example 1: A one-day program which calculates to 5.5 hours when all ineligible portions have been deducted is equal to five continuing education clock hours.

• Example 2: A five hour and 45 minute program is eligible for six continuing education clock hours.

b. Do not round individual sessions. Continuing education hours are calculated separately for each day of multi-day programs such as annual meetings or extensive workshops.

• Example: A two-day program which calculated to 5.5 hours on the first day and 6.5 hours on the second day is eligible for 11 (not 12) continuing education clock hours.

c. Continuing education hours are awarded for the number of contact hours actually attended.

• Example: An individual who attends three hours of a four hour program is eligible for only three continuing education hours.

5. CORE EDUCATIONAL CONTENT AREAS

The American Health Information Management Association has a mandatory program for maintenance of certification. In order to retain AHIMA credentials, professionals are required to participate in its maintenance of certification program. Attendance at seminars and/or workshops is one method of obtaining continuing education credit and fulfilling credential maintenance requirements.

Please refer to the HIM Domains for examples of acceptable content areas (see attachment A.)
6. ADVERTISING APPROVED STATUS

When the responsible individual has checked and approved the program content for relevance and the agenda for correct assignment of hours, the program should be advertised as follows:

THIS PROGRAM HAS BEEN APPROVED FOR (number of CEUs) CONTINUING EDUCATION UNITS FOR USE IN FULFILLING THE CONTINUING EDUCATION REQUIREMENTS OF THE AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION (AHIMA).

Granting Prior Approval from AHIMA does not constitute endorsement of the program content or its Program Sponsor.

7. VERIFYING ATTENDANCE

Certificates of completion must be provided to participants for recording and retention purposes. The following items must be included:

The certificate or verification statement should include the name of the attendee, the title of the program conducted, the date of the program, the number of hours approved, and the signature of the program chairperson. The certificate should not list AHIMA as the education provider. The appropriate text on certificates should read as follows,

“This program has been approved by AHIMA for X hours of CEUs.”

8. MAINTAINING RECORDS OF APPROVED ACTIVITIES

It is recommended that the association maintains a Program Agenda and associated hours verifying the Continuing Education approved activities. At a minimum, this can be a copy of the verification that the program meets AHIMA Guidelines. This should be retained in the association’s files for at least five (5) years. Larger states with multiple activities may wish to assign prior approval numbers to each educational program. These records are for state, local, or regional association files; documentation should not be forwarded to AHIMA.

For additional information or assistance contact:

Council on Certification
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Suite 2150
Chicago, IL  60601-5800
312-233-1128
Attachment A

Standards for Maintenance of Continuing Education Units in Certification
HIM Domain

HIM Professional Definition: Health information management improves the quality of healthcare by ensuring that the best information is available to make any healthcare decision. Health information management professionals manage healthcare data and information resources through any type of digital or analog medium. The profession encompasses services in planning, collecting, aggregating, analyzing, and disseminating individual patient and aggregate clinical data. It serves the following healthcare stakeholders: patient care organizations, payers, research and policy agencies, and other healthcare-related industries.

Eighty percent of all continuing education units must be earned within the HIM Domain.

The COC provides the following list of examples of educational experiences. These educational experiences may include but are not limited to the following:

Technology: Application of existing and emerging technologies for the collection of clinical data, the transformation of clinical data to useful health information, and the communication and protection of information on analog medium, (e.g., paper, analog photographic film, etc.) or digital medium, (e.g., magnetic tape, optical disk, CD, DVD, etc.).

Topics include but not limited to:
- Electronic Health Records
- HIM Software Applications (Encoders, Patient Information Management Systems, Chart Management, etc.)
- PHR
- Health Information Exchange
- Voice Recognition

Management Development: Application of organizational management theory and practices in addition to human resource management techniques to improve departmental adaptability, innovation, service quality, and operational efficiency.

Topics include but not limited to:
- Project Management
- Training and Development
- Work Design
- Employee Hiring and Retention

**Clinical Data Management:** Applications and analysis of quality and clinical resources appropriate to the clinical setting to include database management, and coding compliance using CPT, ICD-9-CM or other specialized coding systems within the prospective or payment system to ensure quality and cost effectiveness of the services rendered; i.e., data integrity, quality of documentation, clinical efficiency.

Topics include but not limited to:
- ICD-9-CM/CPT/HCPCS
- Prospective Payment Systems (DRG, APC, etc.)
- ICD-10
- Cancer Registry

**Performance Improvement:** Development and application of quality processes to ensure quality data is generating consistent, timely quality information; to develop systems that are flexible and adaptable in a constantly changing healthcare environment (e.g., e-HIM, regulatory changes, new technology.)

Topics include but not limited to:
- Outcomes Data Management
- Revenue Cycle Management
- Clinical Practice Guidelines
- Remote Coding or Computer Assisted Coding

**External Forces:** Study of regulatory requirements and the development of appropriate compliance initiatives for policies, procedures, protocols, and technology for hospitals, specialty facilities and other healthcare providers to include the development of systems (e.g., e-HIM) to implement required practices for the Joint Commission and other accrediting bodies, Federal and State appropriate rules and regulations; i.e., Centers for Medicare and Medicaid Services, Health Insurance Portability and Accountability Act.

Topics include but not limited to:
- OIG Work Plan
- HIPAA
- Compliance
- Legal or Regulatory Update
- CCHIT Accreditation

**Clinical Foundations:** Understanding of human anatomy and physiology, the nature of disease processes, the protocols of diagnosis and treatment of the major diseases to include common drugs, laboratory and other tests used for the diagnosis and treatment
of disease. Practice the ability to apply this knowledge to the reading, coding and abstracting of medical information to support quality patient care and associated databases.

Topics include but not limited to:
- Pathophysiology
- Pharmacology
- Clinical Intervention
- Diagnostic and Laboratory Testing
- Telemedicine

**Privacy and Security:** Understanding and application of current healthcare regulations which promote protection of medical information and the electronic transmission of health information; to act as the patient's advocate for their understanding of their rights in regard to protected health information on any applicable analog or digital medium.

Topics include but not limited to:
- Release of Information
- Confidentiality
- PHI

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