SCOPE: All Company personnel responsible for performing, supervising, or monitoring coding of inpatient or outpatient services and other health information management functions.

PURPOSE: To encourage all individuals involved in the coding process and other health information management related functions to pursue and obtain credentials.

POLICY: The Company will reimburse the examination fee for an examination to obtain credentials that has been successfully completed related to the Health Information Management Service Center (HSC) functions, including but not limited to Certified Coding Specialist (CCS), Certified Professional Coder (CPC), Certified Professional Coder- Hospital (CPC-H), Registered Health Information Administrator (RHIA), Registered Health Information Technician (RHIT), Certified Coding Specialist-Physician Office (CCS-P), and Certified Coding Associate (CCA).

PROCEDURE:
1. A request must be submitted to the Director of Health Information Management Department/Service Center (HIM Director or HSC Coding Director), or direct supervisor prior to taking the examination (see Attachment A, Part I).

2. The HIM Director, HSC Coding Director, or direct supervisor must complete Attachment A, Part II to verify that the examination is pertinent to the individual’s HIM/HSC position and job function.
   a. Examples of health information management relevant credentials include, but are not limited to: RHIA, RHIT, CCS, CPC, CPC-H, CCS-P, and CCA.
   b. If the examination/credentials are not listed above, the final decision of the relevance of the examination is based upon the discretion of the HIM/HSC Coding Director or direct supervisor.
   c. Reimbursement of examinations/credentials of part-time or PRN employees will be at the discretion of the HIM/HSC Coding Director or direct supervisor.

3. Attachment A with completed Parts I and II will be returned to the individual requesting reimbursement for the examination fee.

4. The individual must complete the examination to obtain credentials.

5. Upon written notification of successful examination completion, the individual will forward a copy of Attachment A with Part III completed, including notification of successful completion and proof of examination fee to the HIM Director, HSC Coding Director, or direct supervisor.
6. The HIM Director, HSC Coding Director, or direct supervisor will submit Attachment A and any additional documentation required by facility accounting procedures to ensure reimbursement for the examination fee.

7. The HIM Director, HSC Coding Director, or direct supervisor will maintain a copy of Attachment A and any additional documentation in the employee’s education file.

8. The examination fee will NOT be reimbursed if the individual does not successfully pass the examination.

9. Reimbursement will occur when the following conditions are met:
   a. Individual is employed by the facility/HSC prior to taking the examination; And
   b. Individual is employed by the facility/HSC upon receipt of examination fee reimbursement; And
   c. Individual has successfully completed the employment probationary period.

10. Regulatory Compliance Support and/or Parallon Business Performance Group will monitor the education files.

REFERENCES:
ATTACHMENT A
REIMBURSEMENT OF PROFESSIONAL EXAMINATION FEE

Part I To be completed by the individual requesting reimbursement for cost of Health Information Management/Service Center (HSC) related examination prior to taking the examination.

Date: __________________________ Name: _______________________________________
Position:________________________ Facility/HSC: ______________________________________
Name of Examination: _____________________________Cost of Examination: $___________
Proposed Credentials: _____________________________Date of Examination: _____________
How does this examination/credential apply to your current position?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
____________________________________________________________________________________

Part II To be completed by the Health Information Management Director, HSC Coding Director, or direct supervisor.

I, _____________________, certify that the above listed examination/credential is pertinent to (HIM/HSC Director/Supervisor) this individual’s current position and is Health Information Management/Service Center related.

Checked Proposed Credentials:
_____ RHIT  _____ RHIA  _____ CPC
_____ CPC-H  _____ CCS  _____ CCS-P
_____ CCA  _____ Other: (Explain) ______________________________________________

Signature     Date

To be returned to individual requesting reimbursement

Part III To be completed by individual requesting reimbursement.

Today's Date: ____________________________________________________

I, _____________________________, certify that I have taken and successfully completed the above mentioned examination on _____________ (date).

(Signature)

Submit with this document: 1) Written notification of successful completion/passing of examination, and 2) written verification of cost of examination (i.e., application for exam).

A copy of this form and all attachments will be retained in the Employee’s Department Education File