



Accreditation Manual

Health Information Management (HIM) Education Programs

Forward

The purpose of this manual is to provide program administrators with a practical reference for managing the accreditation process. It offers an outline of the process requirements, policies and procedures for programmatic accreditation of the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM). Accreditation is a tool for continuous program planning and evaluation. The accreditation process is designed to provide a framework for the ongoing collection of data, periodic review, evaluation, and reporting of results.

Program applicants should also integrate the current American Health Information Management Association (AHIMA) *Model Curriculum*, including the *AHIMA Entry-Level Competencies* and educational *Knowledge Clusters Content* and Levels, as directed by the Education Department of AHIMA.

Information on the current versions of these AHIMA HIM Education documents can be found at the Faculty Resources Page.



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1 About CAHIIM

About CAHIIM

CAHIIM—the Commission on Accreditation for Health Informatics and Information Management Education—is the accrediting organization for degree-granting programs in health informatics and information management. CAHIIM serves the public interest by establishing quality standards for the educational preparation of future health information management (HIM) professionals.

When a program is accredited by CAHIIM, it means that it has voluntarily undergone a rigorous review process and has been determined to meet or exceed the Standards set by the Board of Commissioners.

Curricula are developed by the sponsoring professional organization—the American Health Information Management Association (AHIMA). CAHIIM Accreditation is a way to recognize and publicize best practices for HIM education programs.

The CAHIIM Mission

The Commission:

- Establishes and enforces accreditation Standards for educational programs;
- Recognizes through accreditation programs that meet the Standards;
- Encourages educational innovation and diversity; and



- Advances the value of Health Informatics and Information Management practice through quality education.

CAHIIM strives to carry out its mission by promoting, evaluating, and improving the quality of undergraduate and graduate health informatics and information management education in the United States and internationally. Through our partnership with academic institutions and the practice fields, CAHIIM serves colleges and universities in a voluntary peer review process as a means to continuously improve quality education to meet health care workforce needs. As a result, CAHIIM Accreditation becomes the benchmark by which students and employers determine the integrity of health information education for the global community.

Additionally, CAHIIM serves the public interest by operating in a consistent manner with all applicable ethical, business and accreditation best practices. Accreditation is a voluntary, self-regulatory process by which nongovernmental associations recognize educational programs found to meet or exceed standards for educational quality. Accreditation also assists in the further improvement of these educational programs as related to resources invested, processes followed, and outcomes achieved. The monitoring of degree instruction is tied closely to national professional association competencies for practice in the profession.

Purpose

CAHIIM and its sponsoring organization(s) cooperate to establish, maintain, and promote appropriate standards of quality for postsecondary educational programs in health informatics

and information management to provide a competent, skilled professional workforce for the health care industry.

Value

By stating that a program has met established academic standards, CAHIIM accreditation provides the following value for:

Students

Allows applicant and prospective students to identify institutions and programs that meet established standards for professional career entry.

Academic Institutions

- Provides a structured framework for ensuring sound educational practices, which involve faculty and staff in a comprehensive evaluation plan for the academic program;
- Stimulates self-improvement by providing nationally acceptable standards against which the program can self-evaluate to meet the needs of students, the profession, and the public;
- Provides a frame of reference for the program to identify resources that may be needed to maintain or enhance the curriculum;
- Provides consultative feedback on possible areas of concern and where excellence is achieved.

Community and the Public

- Provides outcomes information about the academic program by a peer review organization whose function is to assess quality and content of the educational experience with entry-level competencies for the profession and the public;
- Supports the process of professional certification by providing reasonable assurance of quality educational preparation and learning outcomes;
- Provides an implied level of assurance of a quality health care workforce dedicated to the safety and protection of health information through quality educational preparation.

Employers

Provides assurance that graduates of a program accredited by CAHIIM have achieved an acceptable level of quality in

education based on minimum national standards for HIM practitioners.

Persons Responsible for Accreditation

Board of Commissioners

The Board of Commissioners is the independent decision-making body of CAHIIM charged with making formal accreditation awards through program review of degree-granting educational programs. The Board is the strategic-making body for the organization. Along with CAHIIM Staff, they assist in training the Panel of Accreditation Reviewers on CAHIIM systems used to review programmatic information.

The Board is composed of:

Eight voting members elected by the membership of AHIMA to serve four-year, staggered terms representing the following positions:

- 2 HIM Baccalaureate Program Educators
- 2 HIM Associate Program Educators
- 2 RHIA Practitioners
- 2 RHIT Practitioners

The following positions are by Board appointment:

- Academic Administrator
- Graduate Program Educator
- Public Member
- Student Member
- Past Chair

Panel of Accreditation Reviewers

The Panel of Accreditation Reviewers serve as the profession's representatives in evaluating new and continuing HIM academic programs, either by means of evaluation of periodic annual reports, or through Site Visits. Both processes identify areas where further investigation may be necessary. When required, they visit the program's campus and interview program officials, members of the communities of interest, and students. All information is communicated to the Board of Commissioners, who use the information gathered by panel members to make an accreditation award decision.

CAHIIM Staff

The Executive Director and Accreditation Staff provide programmatic support to academic faculties, administrators and to the public in several ways. They assist programs by answering questions, and providing consultation about Accreditation Standards and the accreditation process for developing and continuing programs. They counsel prospective and current students on issues related to accredited programs and curriculum and accreditation expectations.

Title	Name	Phone	Fax	E-mail
Executive Director	Claire Dixon-Lee PhD, RHIA, FAHIMA	312.233.1183	312.233.1483	claire.dixon-lee@ahima.org
Accreditation Manager	George J. Payan	312.233.1129	312.233.1429	george.payan@cahiim.org
Education Quality Manager	Linde Tesch, RHIA	312.233.1547	312.233.1947	linde.tesch@ahima.org
Administrative Coordinator	Benjamin Reed, Jr.	312.233.1548	312.233.1948	benjamin.reed@ahima.org

CAHIIM Processing and Maintenance Fees

Fees are payable only to the AHIMA.

Payment of all Site Visit fees must be received before a final CAHIIM Accreditation Award is conferred.

Type	Amount	Due
* Candidacy Application Fee	\$2,500	May 1.
Site Visit Processing Fee	\$1,000	Program is invoiced.
~ Site Visit Expenses	As incurred	Program is invoiced.
^ Annual Accreditation Fee	\$1,200	Accredited programs are invoiced in November for the following calendar year.
Late Fee	\$500	Due in addition to the applicable fee type. <i>Applications will not be received after July 1.</i>
Appeal Process Fee	\$4,000	Due upon request of all required materials.

* The review of the program may not occur until payment is received.

~ Once the Site Visit team member(s) have submitted their completed *Travel Expense Statements* after completing a site visit, AHIMA will invoice the program for all actual costs of the site visit.

^ Failure to pay the Annual Accreditation Fee or other maintenance fee within the established time frame or during a period of inactivity may lead to Administrative Probationary Accreditation for non-payment of fees and eventual Withdrawal of Accreditation.



2 The Accreditation Process

The Accreditation Process

Accreditation by CAHIIM is a status that HIM educational programs choose to apply for voluntarily. Accreditation is a confirmation that the program is in substantial compliance with the 2005 CAHIIM Standards and Interpretations:

- HIM Baccalaureate Degree Program
- HIM Associate Degree Program

The Sponsoring Institution

When a specific campus confers the academic degree, the HIM program will be recognized individually for CAHIIM programmatic accreditation.

If accredited, each campus must complete the following process requirements: separate Self-Assessment Document, Site Visit, Annual Program Assessment Report and submit the Annual Accreditation Fee.

The steps for accreditation fall into two major categories: Initial Accreditation and Continuing Accreditation.

Formal notification is required for intent to open an HIM program on another campus.

Initial Accreditation Process CAHIIM Candidacy and Stages

The purpose of this process is to establish a consultative relationship with developing programs in Health Information Management (HIM), the sponsoring institution and CAHIIM staff in working towards CAHIIM Accreditation. Such programs may be in the planning or early stages of program implementation. An Application should be made if a program and its sponsoring institution believes it is in full compliance with the current Standards for Accreditation. Achieving applicant Candidacy status does not guarantee eventual Accreditation of the program.

Stage 1

Typically, students are enrolled in entry-level courses, but are not yet in their final year of study. The Program may apply at anytime during this stage but may not proceed to the Site Visit Process.

Stage 2

Students have begun or are in their final year of study and would be eligible to begin the Site Visit Process as approved by Staff.

Length of Candidacy Status

A developing or operating program may remain in CAHIIM Candidacy status for a maximum of two (2) years from the date of application. Candidacy does not provide eligibility for enrolled students to apply for the AHIMA entry-level certification examinations until Accreditation is achieved and notified by CAHIIM.

Pre-requirements for Candidacy

A program may apply for Candidacy if the following criteria have been met:

1. The sponsoring institution is in compliance with regional/institutional accreditation requirements to offer a degree under Title IV eligibility of their Grant of Accreditation in cooperation with the U.S. Department of Education.
2. Provide state approval of the program's curriculum.
3. Employed a qualified Program Director per the Standards.
4. All course syllabi have been prepared and all AHIMA professional curriculum requirements are in place.

If a program applies and the above minimum requirements are not met, the program's application materials may be returned.

If the above conditions are not met anytime after the program has achieved Candidacy Status, the program may be placed in the second year of Candidacy for a Site Visit.

Procedures for Beginning the Application Process for Candidacy

The review of the application allows for the assessment of the curriculum and to determine preparedness for the Site Visit process.

1. The program submits a letter of intent, signed by the chief executive officer or comparable administrator, stating the authorization to seek candidacy status. The letter should affirm achievement of all minimum Candidacy Eligibility Requirements. In addition, please provide the date of the next anticipated graduation class, and a short description of the campus or program delivery. Receipt of a letter of intent does not guarantee or imply that the program is accepted into Candidacy Status. This letter should be sent in advance of an application.
2. The program prepares 6 copies of the Self-Assessment Document.
3. The program submits 3 copies of the Self-Assessment Document for Candidacy along with the appropriate application fee to:

Benjamin Reed, Jr.
Coordinator
CAHIIM
233 N. Michigan Ave, 21st Floor
Chicago, IL 60601-5519

4. Download the Self-Assessment Document files:

- Directions for Structuring a Self-Assessment Document (PDF)
- Self-Assessment Document Baccalaureate Degree Program Template (Word)
- Self-Assessment Document Associate Degree Program Template (Word)

Three (3) additional copies must be sent directly to the Site Visit Team reviewers, from the program, after the date and composition are confirmed by CAHIIM.

A confirmation letter of receipt of your Candidacy application will be provided.

Assignment of an AHIMA Educational Program Code (EPC)

Upon acceptance into Candidacy Status, all currently enrolled students may apply for AHIMA Student Membership at <https://secure.ahima.org/esignup/>

Please contact the AHIMA Membership Department at 312.233.1100 for any questions regarding this process.

The Self-Assessment Process

The Self-Assessment process is an essential part of the accreditation process and is designed to help the educational institution improve program effectiveness by identifying its strengths and weaknesses. The objectives of the Self-Assessment process is to provide qualitative as well as quantitative assessments of the program.

Careful review of the current program and evaluation of its goals and objectives, content, policies, administration, educational resources, and general effectiveness by faculty, administrative staff, advisory committee, and students is the best means of securing lasting educational improvements within any institution or program.

The Self-Assessment process serves the following functions:

- Demonstrates incorporation of the Standards into the Self-Assessment process
- Structures the Self-Assessment Document
- Provides an opportunity for evaluation of the program, its goals, objectives and outcomes

A primary goal of the accreditation process (initial and continuing) is the development of a thorough understanding by an institution of its existing program and the needs of

the community of interest, including potential students and employers. The results of such an analysis may be a reconfirmation of the present curriculum or recognition of the need to make changes, as well as provision of documentation of the current characteristics of the program.

The failure of a program to carry through this process and to develop a thorough Self-Assessment Document may result in rejection of a request for accreditation or the postponement of the Site Visit until an acceptable Self-Assessment Document is prepared for the Site Visit Team.

Self-Assessment Committee

The Self-Assessment committee is of paramount importance in program evaluation and improvement. This interaction provides an opportunity for all those concerned with the program to participate in the evaluation process. The committee should be appointed by the Dean of the administrative unit in cooperation with the Program Director. CAHIIM recommends that the committee include representatives of the administrative staff, faculty, students, external program advisory committee, and from the professional practice experience sites. It should be chaired by the qualified HIM Program Director.

A Self-Assessment can be an effective instrument for change only if it is conscientiously conducted by responsible committee members with the full support of the administration, faculty, and students of the educational institution. The Self-Assessment committee meets initially to plan how the self-evaluation will be conducted and to assign individuals to gather information on specific sections of the Self-Assessment Document. One person, a Self-Assessment committee chairman, should assemble and edit the content of the Self-Assessment Document. When the plan of action has been determined, the Self-Assessment committee should meet regularly to discuss findings and to agree on document content.

It is critical that the chairman foster continuing communication among committee members throughout the Self-Assessment process. The committee should develop a time schedule for gathering preliminary information, holding regular meetings for discussion of findings, and developing the document. The Self-Assessment Document describes, in logical sequence, the educational program as it exists, indicates the program's strengths and weaknesses, develops strategies for correcting the weaknesses, and projects plans for future development of the program. The committee should ensure that the document is accurate, substantive, and of high quality.

The program should circulate one copy of the Self-Assessment Document among the members of the Self-Assessment committee who are involved in its preparation, in order to establish consistency and concurrence.

Writing the Self-Assessment Document (Overview)

The Self-Assessment Document should indicate the way in which the educational program meets the stated requirements of the Standards and should be written so that those unfamiliar with the program will gain the following:

- Understanding of the philosophy, goals, and objectives of the educational institution and its HIM program.
- Understanding of the environment in which the HIM program operates, the learning resources available, and the learning experiences provided.
- Sufficient information about the curriculum to appraise it fairly in relation to its published description in the college or university catalog or bulletin, the stated program goals and objectives, and current educational Standards.

Eligibility Report

All potential candidate programs are accountable for compliance with all CAHIIM *Standards for Accreditation* prior to proceeding with the *Application for Candidacy* process. To this end, on review of the Self-Assessment Document, the program will receive an Eligibility Report that summarizes the level of compliance to all CAHIIM requirements. This process may take up to three (3) months to complete.

The *Eligibility Report* details the strengths and weaknesses of the program and is reviewed against the current educational model and *Standards for Accreditation*. The program will also be provided additional consultation and guidance as needed. An assessment will be provided that indicates when the program may initiate the Site Visit Process.

Download the Standards for Accreditation and Application for Candidacy documents at <http://www.cahiim.org/standards/>.

Expiration of Candidacy Status

This status may be terminated at anytime if it is found that the requirements for Candidacy have not been met and if the maximum 2-year period has elapsed without having achieved approval to move to the Site Visit Process. If the program has been informed of this action, the program must reapply by submitting a new Application for Candidacy and fee. Programs may not proceed to the Site Visit Process until CAHIIM staff gives formal approval.

Accreditation Timeline and Sequence of Events

Within 3 months of application:

- CAHIIM Staff investigates any conflicts of interest for all programs with the Panel of Accreditation Reviewers.
- Self-Assessment Document is reviewed by a team of the Panel.
- Concurrently, CAHIIM requests and program submits three sets of possible dates for the Site Visit based on readiness for a Site Visit (Mon-Tues or Thurs-Fri).
- After 90 days, Eligibility Report is sent to the Program and requests a formal response to this review.

4-6 Months after application:

- Program submits the “Response to the Eligibility Report”.
- CAHIIM Staff forwards the Response materials to the ‘Panel Reviewers’.
- The Panel Reviewers, then update the Eligibility Report based on the program’s ‘Response’.
- CAHIIM Staff and the Panel Reviewers have a conference call to examine the program for readiness for the next available Site Visit.
- CAHIIM Staff will contact the program for additional information if needed.

6-12 Months after application

- The Program is informed of the Site Visit Date and the Team Composition information: Team Leader, Team Member, CAHIIM Representative
- Program is requested to inform CAHIIM Staff of any possible conflicts of interests.
- Team individual is re-assigned if conflicts exist. Steps repeated until a final team is established.

4-6 Weeks before the Site Visit

- Site Visit Team Leader communicates with the Program Director regarding basic arrangements, flights, hotel location and team arrival to the program.
- The final Site Visit itinerary is established.

- Final list of items provided by the Team Leader to the Program Director.

- The Site Visit takes place.

Post Site Visit

- The Site Visit Team Leader submits a concurred Site Visit Report to CAHIIM. Approximately within 3 weeks.
- All Site Visit Expense Statements sent to CAHIIM within 10 days. AHIMA sends final itemized invoice to the program.
- The Report is then scheduled for First Presentation for the next CAHIIM Board of Commissioner’s meeting.
- The Board approves the Report to be sent the Program after a quality review is completed and checks for errors or misapplied interpretations of the CAHIIM Standards.

One month Prior to Final Presentation

- The Response is sent to the CAHIIM Board of Commissioners for review.
- CAHIIM informs the program of the applicable meeting agenda.
- The Board of Commissioner’s evaluates the Program based on all information submitted including any ‘new information’.
- An accreditation decision is awarded.

2 weeks after Final Presentation

- 2 weeks after the meeting CAHIIM Staff sends all Program administrators the Board of Commissioner’s decision letter.
- If accredited: *Students enrolled from the time of achieved Candidacy Status will be eligible to take AHIMA’s Certification exam.*
- If adverse decision is awarded: *The program may initiate the Procedural Reconsideration Process. This policy and procedure will be provided. (See Appendix 1: Steps and Accountability Chart.)*

3 The Site Visit Process

The Site Visit Process

Site Visits are conducted to assure the accrediting organization that the educational program complies with the minimum Standards established for academic programs.

The Site Visit can provide the opportunity for faculty to consult with educational specialists; assist the institution in its continuing Self-Assessment process and improvement of the quality of instruction; and promote exchange of ideas between educators and practitioners of the profession.

The Site Visit process provides the opportunity to validate or clarify the contents of the Self-Assessment Document and to determine the extent to which a program complies with the Standards. (For a flow-chart of the Site Visit process, see Appendix 3.)

The Site Visit is predicated on the Self-Assessment Document received prior to the Site Visit. The Site Visit Team is responsible for evaluating additional documentation provided to them during the Site Visit that substantiates the report.

The Site Visit Team representing CAHIIM will make an in-depth analysis of the program in order to discuss the program with appropriate administrative officials and faculty members. The team will visit classrooms, practice laboratories, library resources, and online technical applications. In addition, the site visitors will have discussions with students enrolled in the program, advisory committee members, and other individuals associated with the program.



Team members will also review documents which are not requested to be included in the Self-Assessment Document but should be made available during the Site Visit including: agreements, advisory committee minutes, faculty handbook, examinations and other course related materials (such as laboratory projects, research reports), and student files maintained by the Program Director.

Site Visit Team Members attempt to gain an appreciation, philosophy and objectives of the educational institution and the program. The Team endeavors to obtain sufficient information to understand the total educational program and to compare the program's stated philosophy, goals, and objectives with the established standards.

The Site Visit is only one part of the review process and the Site Visit Team will make no assumption regarding the final outcome (accreditation status) of the program. Official notification of an accreditation award is the purview of the CAHIIM Board of Commissioners.

Site Visit Team and Selection

The Site Visit Team is composed of up to 3 members representing CAHIIM. These individuals are qualified through education, experience and training in the process. Occasionally, a member observer such as Staff or new Panel Member or Commissioner may be included.

After site visitors are assigned, CAHIIM Staff notifies the Program Director of their names, addresses and phone numbers. Every effort is made to avoid any conflict of interests in the

assignment of a Site Visit Team. However, if a conflict exists, please notify the Accreditation Manager immediately.

the site visit. Written or e-mailed hotel confirmations should be provided to Site Visitors and the CAHIIM Accreditation Manager.

Hotel And Travel Information

All health information management education programs are responsible for all direct costs of the site visit, including travel, hotel, local transportation to/from airport, hotel and the campus, and meals.

For the Site Visit Team Observer (if applicable)

CAHIIM Staff will make single room reservations. The Program is not responsible for any of the observer's site visit expenses at checkout.

Air Travel Arrangements

Site visitors are responsible for making their own travel arrangements through the AHIMA/CAHIIM travel agency. Approximately 30 days after the Site Visit, AHIMA Financial Services Staff will invoice the institution for all reimbursable expenses that have not been direct-billed to the applicant institution/HIM program.

Local Ground Transportation

For local ground transportation, costs can be reduced if faculty or campus transportation can be provided for site visitors to and from the airport, hotel and campus. Otherwise, a rental car will be secured for the site visitors, if necessary. If a shuttle is available to and from the airport please provide this information to your Site Visit Team.

Hotel Reservations for Site Visitors/Observers

The following requirements must be followed:

- Single room reservations must be made by the sponsoring educational institution and if possible, expenses direct-billed to the institution.
- Hotel reservations should be guaranteed for late arrival for the day prior to the Site Visit, with checkout on the second day of

If there is a campus map and/or other information about the city, e.g., city map, restaurant guide, etc., or any other information you think the site visitors/observer might find useful, please forward copies of this to all Site Visit Team members.



Recommended Site Visit Itinerary for 2-Day Site Visit

	Duration	Event	Description
Day 1	30 min	Introductory Meeting	A welcome meeting with the appropriate Dean, Program Director and other administrators who are responsible for the educational program. Typically the first scheduled meeting begins approximately at 8:30 am.
	2-3 hrs	Meeting with the Program Director and HIM Faculty	<ul style="list-style-type: none"> • Discuss and review information received in the Self-Assessment Document; clarify responses and process issues. • Review student records and program files as requested by the site visitors. • Discuss the professional course content of the HIM curriculum. • Conduct interviews with the program faculty and other faculty teaching the HIM professional course content. • Course materials, textbooks, tests, projects and other resources should be made available.*
	1 hr	Business Lunch	A continued meeting with the Program Director, Dean, and faculty if available.
	1 hr 30 min	Site visitor interviews with HIM students and recent graduates.	Separate 30-minute interviews should be scheduled for the first year students, second year students and graduates.** Program officials are not present at this time.
	1 hr	Site visitors meet with program advisory committee.	Professional practice supervisors and employers may be included. Program officials are not present at this time.
	30 min	Site visitors tour program facilities.	Review learning resources such as the library, student laboratories, classrooms, media center, computer labs, and HIM technology applications. Depending on the situation, team members may be assigned to tour one or more facilities separately.
Day 2	2 hrs	Discretionary Meeting	An open meeting to complete discussions remaining from Day 1 with program faculty and program director. The Site Visitors may request individual appointments with appropriate persons in order to clarify any information.
	1 hr 30 min	Team Meeting	A working conference for the Site Visit Team. Program officials are not present at this time.
	30 min	Meeting with Program Director	<ul style="list-style-type: none"> • Discuss the Site Visit Team's preliminary assessments with respect to the Standards. • Achieve consistency between the information imparted in the Exit Session and the information to be subsequently imparted in the Site Visit Report.
	45 min - 1 hr	Exit Session	A meeting with the all persons present at the introductory meeting. The Dean and the Program Director must be present. The scheduled time of the exit meeting may be subject to change by the site visitors based on their progress with the site visit.

* Online courses will require password access for site visitors and time allocated to review online content, resources and evaluation methods.

** Evening or distance education students may be interviewed via conference calls or speakerphone, or the site visit itinerary extended so that they may attend an evening offering.

4 The Continuing Accreditation Process

Annual Program Assessment Report (APAR)

All newly accredited and continuing programs complete the documentation of their program learning outcomes and assessment process. The Annual Program Assessment Report (APAR) is required by the CAHIIM for Maintenance of Accreditation.

Evidence of academic program outcomes is an important dimension of accreditation review. The higher education community, policy makers, and students are seeking information about what students achieve as part of the consideration of the quality of accredited programs and institutions. Accrediting organizations around the country are responsible for establishing clear expectations that institutions and programs will routinely develop, collect, interpret, and use evidence of student learning outcomes. CAHIIM has based the Standards for Accreditation of Health Information Management Programs on the premise of outcomes-based assessment. The APAR is designed to capture this information as outcomes-based evidence in several major categories, identified in the APAR System.

(See APAR Flow Chart Appendix 2.)

Online Process Description

Programs must submit the completed APAR information files online, using the web-based APAR System during the “Open Status” data collection period as determined by CAHIIM Staff.



Program Directors are requested to complete all sections and must complete a separate APAR for each accredited program level and campus with its own Education Program Code (EPC) as determined by CAHIIM. Once all data has been completed and submitted, the data will be stored, allowing for benchmarking among academic programs, and the addition of future reporting years. Historical program data and reports will be available for program/institution access throughout the year.

The Accreditation Site Visit for Continuing Accreditation

The following sequence of events illustrates the activities and associated time frames for programs that are due for a comprehensive Site Visit, as determined by CAHIIM:

1. Potential Site Visit Dates are coordinated by CAHIIM Staff and approved by the program.
2. The Self-Assessment Process coordination materials are sent to the Program Director. The Program submits the document by the requested date.
3. The Self-Assessment Document is reviewed by a team of the Panel of Accreditation Reviewers.
4. After 90 days, an Eligibility Report is sent to the Program and requests a formal response to this review.
5. The remaining sequence of steps is the same as listed in the Initial Accreditation Process. (See Page 4.)

5 Accreditation Award Categories

Accreditation Award Categories

The following categories of accreditation are used by CAHIIM to confer a program's compliance level with the Standards:

- Accreditation (Initial and Continuing)
- Probationary Accreditation
- Administrative Probationary Accreditation
- Withholding Accreditation
- Withdrawing Accreditation
- Voluntary Withdrawal of Accreditation

CAHIIM determines awards after the institution has been given an opportunity to respond to the findings and results of their site visit. If necessary, the sponsoring institution of an educational program may withdraw its Application for Candidacy or submit a request for Voluntary Withdrawal (Continuing Programs only) at any time before the Board of Commissioner's final action.

Determining Accreditation Status

When the CAHIIM Board meets to determine the Accreditation Status of any program, they reach their decision based upon an internal Rating Scale that is used to achieve process consistency. Each Standard has been allocated a validated number of points



based upon whether the standard compliance has been Not Met or Partially Met. These points are added up to determine the program's accreditation status.

Awarding Accreditation

Initial or Continuing Accreditation may be awarded when the accreditation review process confirms that the program is in substantial compliance with the Standards. Graduates are not allowed to apply for the AHIMA RHIA or the RHIT certification exam until the program has received the official letter awarding Initial Accreditation from CAHIIM. It is the responsibility of the program to inform the graduates of the accreditation status of the program.

CAHIIM Accreditation Awards are not time limited. Once achieving accreditation, the program's accreditation continues until there is cause to change its status. The Program will submit the APAR annually in conjunction with any assigned Focused Review or the assigned 10 year Comprehensive Site Visit.

The Progress Report Process

A satisfactory Progress Report may be required to be sent to CAHIIM by the due date in the CAHIIM award letter. Two (2) copies of the Progress Report should be submitted to the Accreditation Manager including all items of evidence that substantiates the corrective action. The purpose of the Progress Report is to give the program an opportunity to demonstrate resolution of deficiencies before its next comprehensive review. Programs should note that if a satisfactory, 'Second Progress

Report' is not submitted within the requested time period, as determined by CAHIIM, the program may be assigned a Site Visit in the next academic year.

Focused Review

A focused review of the program may be requested at anytime by the Board of Commissioners as a result of the APAR information submitted. The review may or may not include a site visit of the program, when concerns are raised regarding a pattern of less than expected satisfactory programmatic outcomes as determined by CAHIIM.

Probationary Accreditation

This category is not applicable to initial applicant programs.

Probationary Accreditation is awarded when the program is not in compliance with the Standards and the deficiencies are so serious that the capability of the program to provide an acceptable educational experience for the students appears to be threatened. Probationary Accreditation is limited to a one year period.

When the CAHIIM recommends Probationary Accreditation, the sponsoring institution's chief executive officer is notified. The CAHIIM accreditation award letter contains a clear statement of each deficiency deemed to be in substantial non-compliance with the Standards.

Before awarding Probationary Accreditation, the CAHIIM Board of Commissioners provides the sponsoring institution with an opportunity to respond in writing to all cited Standard deficiencies.

During a period of Probationary Accreditation, programs are recognized and listed as accredited.

CAHIIM awards of Probationary Accreditation are final and not subject to appeal.

Failure to correct the deficiencies may result in Withdrawing Accreditation. Currently enrolled students and those seeking admission should be advised that the program is on Probationary Accreditation. However, enrolled students completing the program under Probationary Accreditation are considered graduates of a CAHIIM accredited program.

Administrative Probationary Accreditation

Administrative Probationary Accreditation will be awarded when a program does not comply with one of the following administrative requirements for maintaining accreditation as required by the Standards:

- Submitting the CAHIIM Annual Program Assessment Report (APAR) and other required reports by the determined CAHIIM date.
- Participating in a designated periodic site visit of the accredited program.
- Informing CAHIIM of any adverse changes in the institution affecting the program's accreditation. Changes in program officials (Chief Executive Officer, Dean, and Program Director), within 30 days of the effective date. Please contact CAHIIM Staff with any questions.
- For Program Director changes, notification must include; date of implementation, name and credentials, a copy of the person's current curriculum vitae, and confirmation of all contact information, phone, fax, e-mail.
- Payment of all CAHIIM administrative fees.

Administrative Probationary Accreditation may be as short as thirty (30) days, but may not exceed six months. Exceeding six months will result in an award of Withdrawing Accreditation.

CAHIIM awards of Administrative Probationary Accreditation are not subject to appeal. During a period of Administrative Probationary Accreditation, programs are recognized and listed as being accredited.

Denying Accreditation

Withholding Accreditation

A program seeking Initial Accreditation may be recommended for Withholding Accreditation if the accreditation review process confirms that the program is not in substantial compliance with the Standards. The program is provided with a clear statement of each Standard deficiency. When the CAHIIM recommends Withholding Accreditation, the chief executive officer is notified by express mail.

Prior to the final CAHIIM award for Withholding Accreditation, the CAHIIM provides an opportunity for the institution to request CAHIIM procedural Reconsideration of its recommendation to the program. The letter informing the CEO of the accreditation recommendation describes the Reconsideration Process. The sponsoring institution may withdraw its Application for Candidacy at any time.

Withdrawing Accreditation

Accreditation may be involuntarily withdrawn from a program as a result of Administrative Probationary Accreditation or Probationary Accreditation, if, at the conclusion of the specified probationary period, the accreditation review process confirms that the program is not in compliance with the administrative requirements for maintaining accreditation or is not in substantial compliance with the Standards. When the CAHIIM recommends Withdrawing Accreditation, the Chief Executive Officer of the sponsoring institution is notified by express mail.

Graduates enrolled in the program at the time the sponsoring institution is notified that their accreditation has been withdrawn will be considered graduates of a CAHIIM accredited program.

Prior to the CAHIIM award for Withdrawing Accreditation, the CAHIIM provides an opportunity for the institution to request CAHIIM procedural Reconsideration of its recommendation to the program. The letter informing the CEO of the accreditation recommendation describes the Reconsideration Process. The sponsoring institution may withdraw its accreditation at any time.

The sponsoring institution may apply for accreditation as an initial applicant when the program is believed to be in substantial compliance with the Standards and with administrative requirements for maintaining accreditation.

Appeals Procedure

An institution may only appeal final decisions of Withholding or Withdrawing Accreditation. The CEO must initiate this process by written request to CAHIIM to request information regarding the Appeal Process and the applicable fee.

Evaluation of the Accreditation Process

CAHIIM continuously evaluates the effectiveness of the accreditation review process for educational programs. To assist in these evaluation efforts, an Accreditation Process Evaluation form is used to solicit information on the following:

- The arrangements for the Site Visit;
- The performance of the Site Visit Team;
- The participation of institutional personnel in conducting the analytical self-evaluation and preparing the Self-Assessment Document;
- Suggestions for improving the overall program review process.

The form will be sent to the Program Director and should return the evaluation to the Accreditation Manager. Results of this evaluation are reported in aggregate.

Voluntary Withdrawal of Accreditation (Closing an Accredited Program)

A college or university that establishes a CAHIIM health information administrator or health information technology educational program incurs an obligation to the students to conduct the program as planned. If circumstances require program closure, advanced notice is required to CAHIIM. Programs may not request voluntary withdrawal of accreditation until all students have graduated. Until then, the institution must continue to pay the CAHIIM Annual Accreditation Fee.

Notification of Program withdrawal must be submitted in writing by the chief executive officer to include:

- Reasons for program closure.
- The date of the last graduating class.

Guidelines for Advertising Accreditation Status

CAHIIM requires that all institutions sponsoring CAHIIM accredited programs, to follow the guidelines listed below to assure accuracy in advertising and announcing of the program's accreditation status.

Statements should not be made about a possible future accreditation status not yet confirmed by the CAHIIM. Statements concerning accreditation should not be the focal point in an advertisement.

CAHIIM must be named as the accrediting organization. The following statement, or similar statement, may be used in catalog announcements, descriptive or promotional information, and advertising:

The HIM (degree level) program is accredited by the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM).

The following is an example of a statement for new programs not yet accredited:

The HIM (degree level) program is pending accreditation review by the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM).

Please contact CAHIIM Staff with any questions regarding publishing the program's accreditation status.

Inactive Programs

The sponsoring institution may request inactive status for up to two (2) years and may not accept a new class of students. The program must continue to pay the CAHIIM Annual Accreditation Fee. After being inactive for two years and the program does not admit a new class of students, the program will be considered discontinued and accreditation may be withdrawn. The program must notify CAHIIM Staff immediately upon reactivation.

AHIMA Certification Eligibility

When the program is awarded accreditation, graduates will be eligible to apply and take the national certification exam as a Registered Health Information Administrator (RHIA) or Registered Health Information Technician (RHIT). Published policies regarding exam(s) eligibility should not be included within the CAHIIM accreditation statement.

Please contact the AHIMA Certification Department at 312.233.1100 or at Dan.Procyk@AHIMA.org if you have any questions or are in need of certification information or past reports for your program.

Published Lists of Accredited Programs

The CAHIIM Program Directory is the official list of accredited programs and can be found at <http://www.cahiim.org/directory/>.

Substantive Change Processes

CAHIIM must be notified within 30 days for the following changes:

- Institutional Structure Changes

A letter must be submitted when a program has a change with the sponsoring institution, which may include a change in ownership, transfer of sponsorship, mergers, or legal status affecting program students. The program may be assigned a Focused Review and a Site Visit within one year, to review the new entity.

- Changes in Program Delivery

A letter must be submitted when the complete land-base program is offered through distance delivery.

A program must notify CAHIIM when there is a change to inactivate the program (i.e., not accepting a new class of students).

- Changes in Program Officials

A letter informing CAHIIM Staff must be submitted with all contact information including mailing address and e-mail.

For Program Director: A current curriculum vitae must be submitted to CAHIIM staff that documents the credentials and academic degree in respect to the Standards. Included must be the effective date of the change.

Dean or President: Submit complete contact information to CAHIIM staff. Included must be the effective date of the change.



Appendix 1

Initial Accreditation Process: Steps and Accountability Chart

Process Steps and Activities	Action By			
	Program	Staff	Panel	Commissioners
Initial Accreditation				
Phase 1: Candidacy Eligibility Process				
6 months before application deadline				
<ul style="list-style-type: none"> Program submits Letter of Intent and Synopsis of Curriculum (at least 6 months before application) 				
<ul style="list-style-type: none"> Cursory gap analysis is conducted within 30 days 				
May 1st Deadline (for applicants with graduates in the following year)				
<ul style="list-style-type: none"> Program submits Self-Assessment Document 				
<ul style="list-style-type: none"> Materials returned if minimum requirements for Candidacy are not met. 				
<ul style="list-style-type: none"> Staff accepts program in Candidacy Status assigns Education Program Code (EPC) 				
Within 3 Months of Application				
<ul style="list-style-type: none"> Any conflicts of interest are checked for all programs with the Panel of Accreditation Reviewers. 				
<ul style="list-style-type: none"> Self-Assessment Document is reviewed by a team of the Panel. 				
<ul style="list-style-type: none"> CAHIIM requests and program submits three sets of possible dates for the site visit based on readiness for a site visit (Mon-Tues or Thurs-Fri). 				
<ul style="list-style-type: none"> After 90 days, Eligibility Report is sent to the Program and requests a formal response to this review. 				
4-6 Months After Application				
<ul style="list-style-type: none"> Program submits the "Response to the Eligibility Report". 				
<ul style="list-style-type: none"> Response materials forwarded to the 'Panel Reviewers'. 				
<ul style="list-style-type: none"> <i>Eligibility Report</i> is then updated based on the program's 'Response'. 				
<ul style="list-style-type: none"> CAHIIM Staff and the Panel Reviewers have a conference call to examine the program for readiness for the next available Site Visit. 				
<ul style="list-style-type: none"> CAHIIM Staff will contact the program for additional information if needed. 				

Appendix 1

Continued

Process Steps and Activities	Action By			
	Program	Staff	Panel	Commissioners
Phase 2: Site Visit Process				
<ul style="list-style-type: none"> Panel Team chooses preferred date for the visit or suggests a convenient date and informs Staff. 				
6-12 Months After Application				
<ul style="list-style-type: none"> The Program is informed of the Site Visit Date and the Team Composition information: Team Leader, Team Member, CAHIIM Representative. 				
<ul style="list-style-type: none"> Program is requested to inform CAHIIM Staff of any possible conflicts of interests. 				
<ul style="list-style-type: none"> Team individual is re-assigned if conflicts exist. Steps repeated until a final team is established. 				
4-6 Weeks Before the Site Visit				
<ul style="list-style-type: none"> Site Visit Team Leader communicates with the Program Director regarding basic arrangements, flights, hotel location and team arrival to the program. 				
<ul style="list-style-type: none"> The final Site Visit itinerary is established. 				
<ul style="list-style-type: none"> Final list of items provided by the Team Leader to the Program Director. 				
<ul style="list-style-type: none"> The Site Visit takes place. 				
Post Site Visit				
<ul style="list-style-type: none"> The Site Visit Team Leader submits a concurred Site Visit Report to CAHIIM, within approximately 3 weeks. 				
<ul style="list-style-type: none"> All Site Visit Expense Statements sent to CAHIIM within 10 days. 				
<ul style="list-style-type: none"> AHIMA sends final itemized invoice to the program. 				

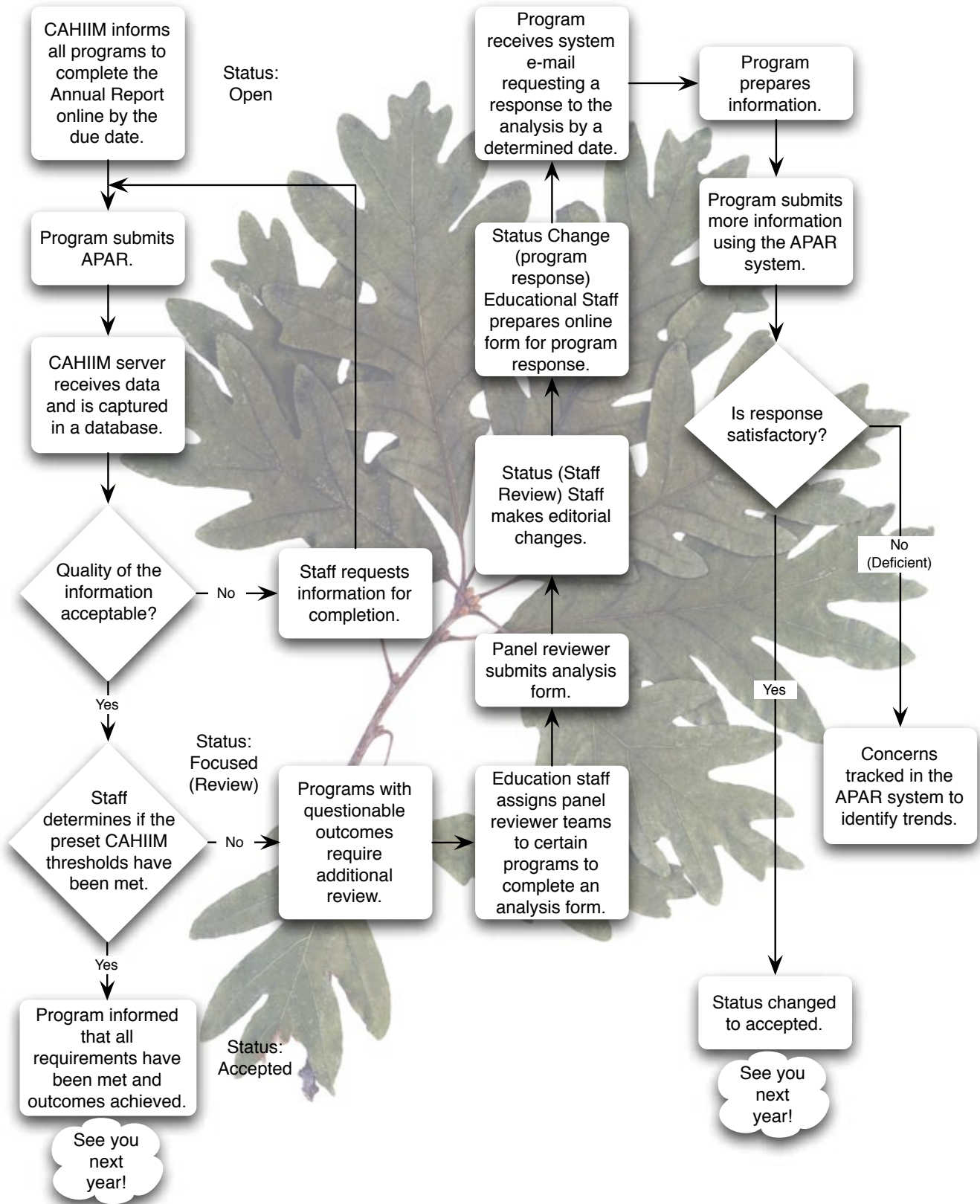
Appendix 1

Continued

Process Steps and Activities	Action By			
	Program	Staff	Panel	Commissioners
Phase 3: Commissioner Evaluation First Presentation				
<ul style="list-style-type: none"> The Report is then scheduled for First Presentation for the next CAHIIM Board of Commissioner's meeting. 				
<ul style="list-style-type: none"> Commissioner Primary Reviewer will contact the Team Leader if any questions arise. 				
<ul style="list-style-type: none"> The Board approves the Report to be sent the Program after a quality review is completed and checks for errors or misapplied interpretations of the CAHIIM Standards. 				
One Month Prior to Final Presentation				
<ul style="list-style-type: none"> The Program's Response is sent to the CAHIIM Board of Commissioners for review. 				
<ul style="list-style-type: none"> CAHIIM informs the program of the applicable meeting agenda. 				
<ul style="list-style-type: none"> The Board of Commissioner's evaluates the Program based on all information submitted including any 'new information'. 				
<ul style="list-style-type: none"> An accreditation decision is awarded. 				
2 weeks after Final Presentation				
<ul style="list-style-type: none"> 2 weeks after the meeting CAHIIM Staff sends all Program administrators the Board of Commissioner's decision letter. 				
<ul style="list-style-type: none"> <i>If accredited:</i> Students enrolled from the time of achieved Candidacy Status will be eligible to take AHIMA's Certification exam. 				
<ul style="list-style-type: none"> <i>If adverse decision is awarded:</i> The program may initiate the Procedural Reconsideration Process. This policy and procedure will be provided. 				

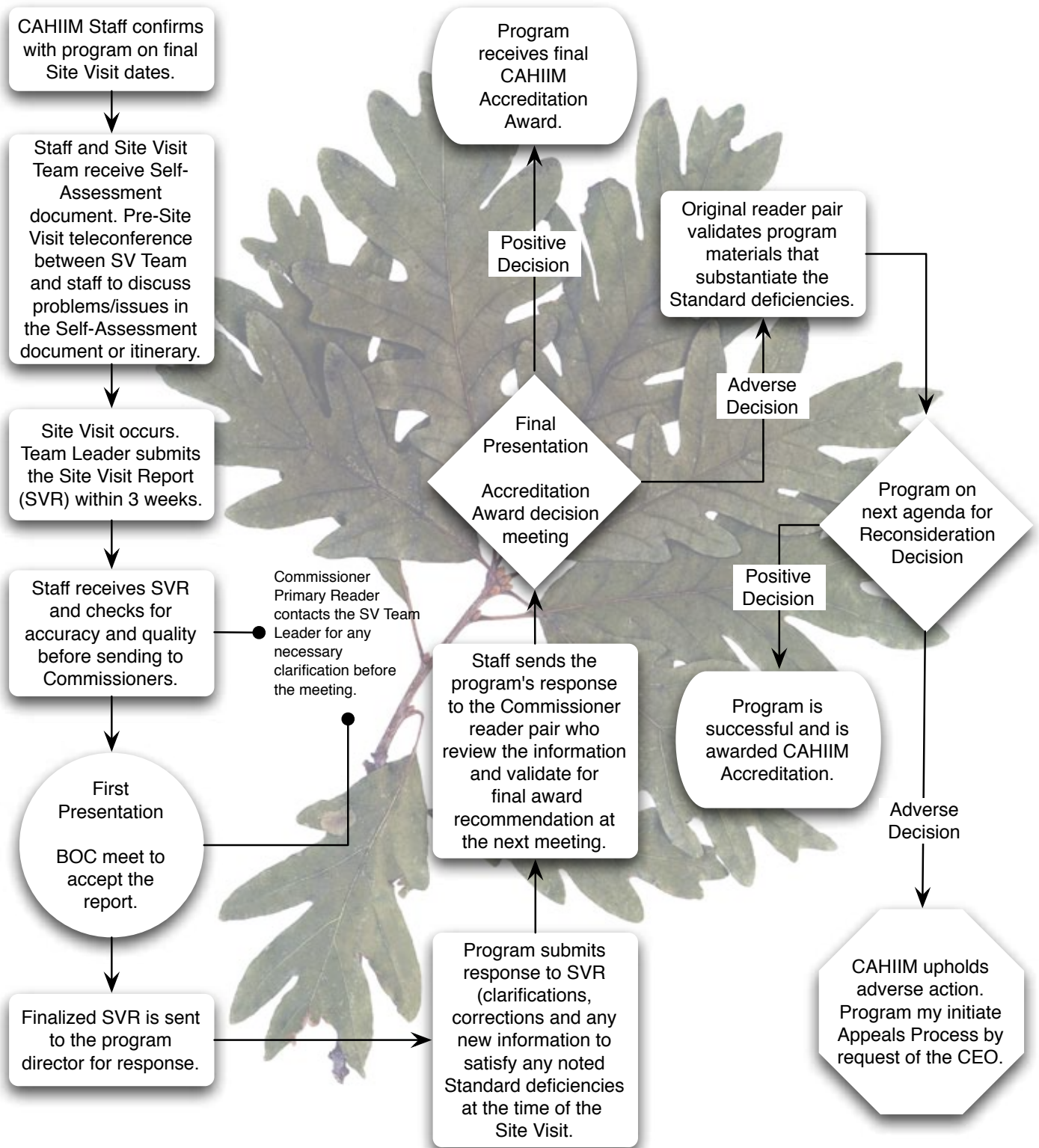
Appendix 2

Annual Program Assessment Report (APAR) Process Flowchart



Appendix 3

The Site Visit Process Flowchart



Appendix 4

ASPA Member Code of Good Practice:

An accrediting organization holding membership in the Association of Specialized and Professional Accreditors (ASPA):

1. Pursues its mission, goals, and objectives, and conducts its operations in a trustworthy manner.
 - Focuses primarily on educational quality, not narrow interests, or political action, or educational fashions.
 - Demonstrates respect for the complex interrelationships involved in the pursuit of excellence by individual institutions or programs.
 - Exhibits a system of checks and balances in its standards development and accreditation procedures.
 - Maintains functional and operational autonomy.
 - Avoids relationships and practices that would provoke questions about its overall objectivity and integrity.
 - Analyzes criticism carefully and responds appropriately by explaining its policies and actions and/or making changes
2. Maximizes service, productivity, and effectiveness in the accreditation relationship.
 - Recognizes that teaching and learning, not accredited status, are the primary purposes of institutions and programs.
 - Respects the expertise and aspirations for high achievement already present and functioning in institutions and programs.
 - Uses its understanding of the teaching and learning focus and the presence of local expertise and aspirations as a basis for serving effectively at individual institutions and programs.
 - Keeps the accreditation process as efficient and cost-effective as possible by minimizing the use of visits and reports, and by eliminating, whenever possible, duplication of effort between accreditation and other review processes.
 - Works cooperatively with other accrediting bodies to avoid conflicting standards, and to minimize duplication of effort in the preparation of accreditation materials and the conduct of on-site visits.
- Provides the institution or programs with a thoughtful diagnostic analysis that assists the institution or program in finding its own approaches and solutions, and that makes a clear distinction between what is required for accreditation and what is recommended for improvement of the institution or program.
3. Respects and protects institutional autonomy.
 - Works with issues of institutional autonomy in light of the commitment to mutual accountability implied by participation in accreditation, while at the same time, respecting the diversity of effective institutional and programmatic approaches to common goals, issues, challenges, and opportunities.
 - Applies its standards and procedures with profound respect for the rights and responsibilities of institutions and programs to identify, designate, and control (a) their respective missions, goals, and objectives; (b) educational and philosophical principles and methodologies used to pursue functions implicit in their various missions, goals, and objectives; (c) specific choices and approaches to content; (d) agendas and areas of study pursued through scholarship, research, and policy developments; (e) specific personnel choices, staffing configurations, administrative structures, and other operational decisions; and (f) content, methodologies, and timing of tests, evaluations, and assessments.
 - With respect to professional schools and programs, recognizes the ultimate authority of each academic community for its own educational policies while maintaining fundamental standards and fostering consideration of evolving needs and conditions in the profession and the communities it serves.
4. Maintains a broad perspective as the basis for wise decision making.
 - Gathers and analyzes information and ideas from multiple sources and viewpoints concerning issues important to institutions, programs, professions, publics, governments, and others concerned with the content, scope, and effectiveness of its work.

- Uses the results of these analyses in formulating policies and procedures that promote substantive, effective teaching and learning, that protect the autonomy of institutions and programs, and that encourage trust and cooperation within and among various components of the larger higher education community.
5. Focuses accreditation reviews on the development of knowledge and competence.
 - Concentrates on results in light of specific institutional and programmatic missions, goals, objectives, and contexts.
 - Deals comprehensively with relationships and interdependence among purposes, aspirations, curricula, operations, resources, and results.
 - Considers techniques, methods, and resources primarily in light of results achieved and functions fulfilled rather than the reverse.
 - Has standards and review procedures that provide room for experimentation, encourage responsible innovation, and promote thoughtful evolution.
 6. Exhibits integrity and professionalism in the conduct of its operation.
 - Creates and documents its scope of authority, policies, and procedures to ensure governance and decision making under a framework of “laws not persons.”
 - Exercises professional judgement in the context of its published standards and procedures.
 - Demonstrates continuing care with policies, procedures, and operations regarding due process, conflict of interest, confidentiality, and consistent application of standards.
 7. Has mechanisms to ensure that expertise and experience in the application of its standards, procedures, and values are present in members of its visiting teams, commissions, and staff.
 - Presents its materials and conducts its business with accuracy, skill, and sophistication sufficient to produce credibility for its role as an evaluator of educational quality.
 - Is quick to admit errors in any part of the evaluation process, and equally quick to rectify such errors.
 - Maintains sufficient financial, personnel, and other resources to carry out its operations effectively.
 - Provides accurate, clear, and timely information to the higher education community, to the professions, and to the public concerning standards and procedures for accreditation, and the status of accredited institutions and programs.
 - Corrects inaccurate information about itself or its actions.
 - Maintains a thorough and effective orientation, training, and professional development program for all accreditation personnel.
 - Works with institutions and programs to ensure that site teams represent a collection of expertise and experience appropriate for each specific review.
 - Conducts evaluations of personnel that involve responses from institutions and programs that have experienced the accreditation process.
 - Conducts evaluations of criteria and procedures that include responses from reviewers and those reviewed.

Adopted March 21, 1995

