

Chapter 1 Introduction

MULTIPLE CHOICE

1. In a _____ system the health care provider charges and is paid for each item of service provided.
- a. prospective payment
 - b. fee-for-service
 - c. capitation
 - d. per diem

ANS: B PTS: 1

2. Which of the following is NOT one of the administrative simplification provisions of HIPAA?
- a. Privacy
 - b. Security
 - c. EDI
 - d. PPS

ANS: D PTS: 1

3. A(n) _____ links data provided by various health care providers.
- a. HIE organization/RHIO
 - b. patient-focused record
 - c. fee-for-service network
 - d. prospective payment system

ANS: A PTS: 1

4. A longitudinal patient record documents a patient's health status, conditions, and treatments _____.
- a. using electronic signals to transmit clinical information from one site to another
 - b. throughout the patient's life
 - c. in a prospective payment system
 - d. throughout the patient's residence in a particular community

ANS: B PTS: 1

5. The State Children's Health Insurance Program (SCHIP or CHIP) is _____.
- a. a private health insurance program with variable coverage from state-to-state
 - b. a Medicare Part A program for uninsured children
 - c. a Medicare Part D program for uninsured children
 - d. a joint state-federal program providing insurance for lower income children not covered by Medicaid

ANS: D PTS: 1

6. Under HIPAA, it is permissible to use or disclose PHI without a specific written authorization when it is necessary for _____.
- a. treatment
 - b. payment
 - c. health care operations
 - d. all of the above
 - e. none of the above

ANS: D PTS: 1

7. This part of Medicare is optional insurance coverage available to all Medicare beneficiaries designed to lower prescription drug costs.
- a. Part A

- b. Part B
- c. Part C
- d. Part D
- e. None of the above

ANS: D PTS: 1

8. This part of Medicare is also known as Medicare Advantage.

- a. Part A
- b. Part B
- c. Part C
- d. Part D
- e. None of the above

ANS: C PTS: 1

9. This law, passed in 2010, expanded Medicaid eligibility requirements.

- a. American Recovery and Reinvestment Act (ARRA)
- b. Children's Health Insurance Program (CHIP)
- c. Hill-Burton Act
- d. Health Information Technology for Economic and Clinical Health Act (HITECH)

ANS: B PTS: 1

10. A program designed by CMS to recover improper Medicare payments is named _____.

- a. Recovery Audit Contractor (RAC)
- b. Pay-for-Performance (P4P)
- c. Quality improvement organization (QIO).
- d. Clinical documentation improvement (CDI)

ANS: A PTS: 1

11. Under this type of program, a provider's reimbursement may be rewarded or penalized based upon their ability to meet pre-established targets for delivery of healthcare services.

- a. Pay-for-performance (P4P)
- b. Zone Program Integrity Contractors (ZPICs)
- c. Quality improvement organization (QIO).
- d. Clinical documentation improvement (CDI)

ANS: A PTS: 1

12. This legislation amends the HIPAA privacy and security rules.

- a. Hill-Burton Act
- b. Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA)
- c. Health Information Technology for Economic and Clinical Health Act (HITECH)
- d. Clinical documentation improvement (CDI)

ANS: C PTS: 1

13. Under this care model the primary care physician acts as a “gatekeeper” to coordinate the patient’s care across providers by addressing preventive, acute, and chronic care needs and by providing patients with access to electronic tools.
- a. Health information exchange organization
 - b. Patient-centered medical home model
 - c. Pay-for-performance (P4P)
 - d. Patient safety organization (PSO)

ANS: B PTS: 1

14. This program was developed by the Joint Commission to help accredited healthcare institutions focus upon specific patient safety concerns.
- a. National Quality Forum (NQF)
 - b. Quality Improvement Organization (QIO)
 - c. National Patient Safety Goals (NPSG)
 - d. Patient Safety Organization (PSO)

ANS: C PTS: 1

15. This Federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information was mandated in the Health Information Technology for Economic and Clinical Health Act (HITECH Act) of 2009.
- a. Office of the National Coordinator for Health Information Technology (ONC)
 - b. Nationwide Health Information Network (NHIN)
 - c. Centers for Medicare and Medicaid Services (CMS)
 - d. Institute of Medicine

ANS: A PTS: 1

TRUE/FALSE

1. Americans have heavily depended on hospitals for lifesaving health care since the 1700's.

ANS: F PTS: 1

2. The American College of Surgeons was one of the first organizations to establish standards for hospitals.

ANS: T PTS: 1

3. The purpose of the Hill-Burton program in the mid-twentieth century was to decrease the number of hospital beds in over-served areas.

ANS: F PTS: 1

4. Part A of Medicare pays for hospital inpatient care, home health care, skilled nursing care, and hospice care.

ANS: T PTS: 1

5. Federal and state governments jointly fund the Medicaid program.

ANS: T PTS: 1

6. In a prospective payment system, the health care provider charges and is paid for each item of service provided.

ANS: F PTS: 1

7. The administrative simplification provisions of HIPAA deal with insurance portability, fraud and abuse, and medical liability reform.

ANS: F PTS: 1

8. A per diem method of payment means that the provider is paid based on the number of persons the provider agrees to treat.

ANS: F PTS: 1

9. Medicare pays skilled nursing facilities, home health providers, inpatient rehabilitation hospitals, and long-term care hospitals under prospective payment systems.

ANS: T PTS: 1

10. A Health Information Exchange links data provided by various health care providers.

ANS: T PTS: 1

11. Patient-focused care organizes care according to hospital departmental structures.

ANS: F PTS: 1

12. Telemedicine involves transmitting medical information back and forth between patient and physician in separate locations by electronic means such as video, electronic mail, telephone, or satellite.

ANS: T PTS: 1

13. A personal health record is a paper-based health record that is protected from disclosure to those outside the facility that created it.

ANS: F PTS: 1

14. Changes in health care delivery have caused health information management professionals to focus more narrowly on acute inpatient settings.

ANS: F PTS: 1

15. Under Part C, beneficiaries pay a monthly premium for the insurance plan, in addition to their Part B premium

ANS: T PTS: 1

COMPLETION

1. _____ involves the use of robotic technology to assist with or perform procedures remotely.

ANS: Telesurgery

PTS: 1

2. The _____ program was implemented by CMS to identify and investigate malicious fraudulent claims activity within Medicare's seven geographic regions (zones).

ANS:
Zone Program Integrity Contractor
ZPIC

PTS: 1

3. _____ is the federal agency within the Department of Health and Human Services that administers the Medicare and Medicaid programs.

ANS:
Centers for Medicare and Medicaid Services
CMS

PTS: 1

4. The _____ program is designed to recover improper Medicare payments.

ANS:
Recovery Audit Contractor
RAC

PTS: 1

5. A(n) _____ is a partner or contractor performing a job or service on behalf of a covered entity.

ANS: Business associate

PTS: 1

6. A(n) _____ is a locally implemented program focused upon improving the quality of clinical documentation to facilitate an accurate representation of healthcare services through complete and accurate reporting of diagnoses and procedures.

ANS: Clinical documentation improvement program

PTS: 1

7. A(n) _____ system is one in which a health care provider maintains individual patient health records electronically

ANS: Electronic health record

PTS: 1

8. _____ is the electronic movement of health related information among organizations according to nationally recognized standards.

ANS:

Health information exchange

HIE

PTS: 1

9. _____ is a general term referring to electronic health records and related information systems to manage healthcare processes.

ANS:

Health information technology

HIT

PTS: 1

10. _____ is an alternative to a personal health record (PHR) application, which achieves similar goals— the patient controls access, deposits, and withdrawals to the health record “account”.

ANS: Health record banking

PTS: 1

MATCHING

Match each item with the description below.

- a. Health Insurance Portability and Accountability Act (HIPAA)
 - b. American Recovery and Reinvestment Act (ARRA)
 - c. Hill-Burton Act
 - d. Medicare Prescription Drug, Improvement, and Modernization Act
 - e. Patient Protection and Affordable Care Act (PPACA)
 - f. Health Information Technology for Economic and Clinical Health Act (HITECH)
1. Enacted in 2009 and also known as the “Stimulus Act,” its main purpose was to create jobs and stimulate economic growth; however, it contained many provisions for healthcare, including billions of dollars for health information technology.
 2. Enacted as part of the “Stimulus Act” in 2009 to promote the adoption and meaningful use of health information technology, this legislation amended the HIPAA privacy and security rules by introducing additional privacy regulations, breach notification rules, and stiffer civil and criminal penalties for security violations.

3. The “Hospital Survey and Construction Act” enacted by Congress in 1946, this legislation provided federal money to determine the need for more hospitals and to pay for their construction.
4. This legislation made significant revisions to the Medicare program by calling for the creation of Part D, e-prescribing for prescription drug plans, revision of claims processing, and a Medicare payment recovery demonstration project.
5. Also known as “Health Reform,” this legislation contained a number of health care provisions, including an expansion of Medicaid eligibility requirements and increased quality reporting requirements for healthcare providers.

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|-----------|--------|
| 1. ANS: B | PTS: 1 |
| 2. ANS: F | PTS: 1 |
| 3. ANS: C | PTS: 1 |
| 4. ANS: D | PTS: 1 |
| 5. ANS: E | PTS: 1 |

Match each item with the description below.

- a. Patient safety organizations (PSO)
 - b. Office of the National Coordinator for Health Information Technology (ONC)
 - c. Health information exchange organizations
 - d. Regional extension centers (REC)
 - e. Recovery audit contractors (RAC)
 - f. Quality improvement organizations (QIO)
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6. A third party entity working under the direction of CMS to detect improper Medicare payments through review of providers’ medical records and Medicare claims data..
 7. Non-profit organizations called for by ARRA and initially funded by federal grants to provide health information technology support to providers to help them become meaningful users of certified electronic health record technology.
 8. Private, mostly not-for-profit organizations staffed by professionals trained to review medical care and help beneficiaries with complaints about the quality of care and to implement improvements in the quality of care available throughout the spectrum of care.
 9. Organizations that can work with clinicians and health care organizations to identify, analyze, and reduce the risks and hazards associated with patient care.
 10. An entity that oversees and governs the exchange of health-related information among organizations according to nationally recognized standards, often used synonymously with regional health information organization (RHIO).

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|------------|--------|
| 6. ANS: E | PTS: 1 |
| 7. ANS: D | PTS: 1 |
| 8. ANS: F | PTS: 1 |
| 9. ANS: A | PTS: 1 |
| 10. ANS: C | PTS: 1 |