CPPM Chapter 11 Review Questions

1. Waste can be described as?
   a. Misrepresentation for the purpose of an unauthorized benefit
   b. Reckless actions
   c. Overuse of services
   d. Receipt of funds as a result of a billing error

2. The OIG recommends physicians focus on four basic risk areas that affect physician practices. Which one is NOT considered a risk area by the OIG?
   a. Coding and billing
   b. Documentation
   c. Bundling
   d. Reasonable and necessary services

3. Which of the following scenarios would be considered appropriate under EMTALA?
   a. A patient falls hitting her head in the waiting room of her primary care physician's office. She is unresponsive so EMS is called to transport the patient to the hospital.
   b. A patient is hit by a car in the parking lot of a diagnostic laboratory on his way in to have his blood drawn. EMS is called to the scene.
   c. A patient presents to the emergency department with a cold. After a quick assessment in the ED it is determined the patient can be treated at the hospital outpatient clinic.
   d. A patient who has been in the hospital for five days for congestive heart failure is discharged from the hospital and referred to a cardiologist for follow up care.

4. Under the False Claims Act, which of the following actions would be considered a violation? Select all that apply.
   a. Submitting a claim with unbundled services to the government for payment
   b. Falsifying a medical record to support payment of a claim in an audit
   c. Referring patients to medical facilities in which the physician has a friend who is the CFO.
   d. Giving patients a discount on services for each friend or family member they refer to the practice.
   e. Offering professional discounts to the staff at a local hospital

5. A compliance plan should include: Select all that apply.
   a. Internal auditing and monitoring
   b. Designate a compliance officer
   c. Mandatory external chart reviews
   d. Training and education
   e. Written policies for denial management software
   f. Certification of coding and billing staff
6. Integration is becoming more common. What reasons are driving physicians to integrated relationships with other providers/facilities?

a. Physician hours and responsibility increasing with patient satisfaction decreasing
b. Increase in revenue creating a tax liability
c. Requirement for physicians to move to specific EMR and Practice Management systems
d. Conversions to EMR, health care reform, and declining reimbursement

7. In order to minimize risk, a practice must have an effective risk management plan in place. Risk management involves all of the following EXCEPT:

a. Patient safety
b. Physical appearance of the office
c. Return on investment for equipment purchases
d. Diversity of staff

8. What information can be obtained by reviewing the OIG work plan?

a. Audit violations discovered by the OIG
b. Services which will be the focus of OIG investigations
c. A listing of OIG findings for the year with the total money recovered
d. Guidance for developing an internal audit process for high risk services.

9. Which of the following is NOT a requirement under a CIA?

a. Mandatory compliance education for all employees
b. Mandatory billing and coding guidelines for all employees
c. Implementation of a compliance plan
d. Designation of compliance officer

10. Which of the following sites of service does CLIA apply? Select all that apply.

a. Physician offices
b. Hospitals
c. Independent diagnostic laboratories
d. Diagnostic imaging centers

11. The practice you manage is considering offering cosmetic services to generate more revenue. The company you will purchase the supplies from has a rebate program for physicians who use their products. You are concerned this could be a violation of the Anti-kickback law. Which resource provided by the OIG can you review for additional guidance?

a. Fraud Alert
b. Guidance Compliance Plan for Physicians
c. Medicare Claims Processing Manual
d. Fraud Newsletter
12. Which of the following scenarios violates the Stark Law?

a. Upon completion of residency, an orthopaedic surgeon purchases his father’s orthopaedic practice.
b. A primary care physician refers his patients to a diagnostic center whose CEO he routinely plays golf.
c. An OB/GYN refers patients to an ultrasound center that his daughter owns.
d. A physician purchases X-ray equipment to offer radiology services to his patients.

13. Which of the following individuals can fill a qui tam suit? Select all that apply.

a. Patient
b. Physician
c. Coder
d. Carrier Fraud Auditor
e. Compliance Officer

14. Which of the following written plans are required by OSHA?

a. Compliance plan for injuries
b. Exposure control plan
c. Inspection plan for surgical equipment
d. Inventory safety plan

15. The nurse in your office trips over a power cord that is blocking an emergency exit and suffers a bruised knee. She continues to work through the day and insists she is fine. Are you required to report the injury to OSHA?

a. Yes, all work related injuries must be reported to OSHA
b. Yes, failure to report the work related injury will lead to heavy fines
c. No, it is the employee’s determination whether or not to report an injury to OSHA
d. No, this type of injury is not reported to OSHA
CPPM Chapter 11 Review Questions Answer Key

1. Waste can be described as?
   c. Overuse of services

   Rationale: Waste is an overuse of services. There is no intent for wrong doing or inappropriate reimbursement.

2. The OIG recommends physicians focus on four basic risk areas that affect physician practices. Which one is NOT considered a risk area by the OIG?
   c. Bundling

   Rationale: The OIG identified that there are four basic areas of risk for physicians that include: coding and billing, reasonable and necessary services, documentation, and improper inducements. Bundling of the services is an appropriate coding principle. Unbundling services for higher reimbursement is inappropriate.

3. Which of the following scenarios would be considered appropriate under EMTALA?
   c. A patient presents to the emergency department with a cold. After a quick assessment in the ED it is determined the patient can be treated at the hospital outpatient clinic.

   Rationale: All of the above scenarios are handled correctly. EMTALA is specific to patients who present to the emergency department for treatment. In option C the patient is seen and determined to be better treated in another area of the hospital which is appropriate under EMTALA.

4. Under the False Claims Act, which of the following actions would be considered a violation? Select all that apply.
   a. Submitting a claim with unbundled services to the government for payment
   b. Falsifying a medical record to support payment of a claim in an audit
   c. Referring patients to medical facilities in which the physician has a friend who is the CFO.
   d. Giving patients a discount on services for each friend or family member they refer to the practice.
   e. Offering professional discounts to the staff at a local hospital

   Rationale: The only actions that violate the false claims act are options I and II. Option I and II will result in overpayments and are deliberate attempts to receive false reimbursement. Although option IV is inappropriate, it is not a violation of the false claims act.

5. A compliance plan should include: Select all that apply.
   c. Mandatory external chart reviews
   d. Training and education
   e. Written policies for denial management software
   f. Certification of coding and billing staff
Rationale: All of the options are recommended to be included in a compliance plan except mandatory external chart audits. Audits are recommended but it is not required to be an external audit. Practices can choose to perform internal audits.

6. Integration is becoming more common. What reasons are driving physicians to integrated relationships with other providers/facilities?

   d. Conversions to EMR, health care reform, and declining reimbursement

Rationale: There are a number of driving forces for physicians to consider integrated relationships. These include:
Declining reimbursement
Health care reform requiring physicians and hospitals to measure quality
Bundled payments and integration payments under Accountable Care Organizations
Capital costs to install EHR/EMR
Practice demographics

7. In order to minimize risk, a practice must have an effective risk management plan in place. Risk management involves all of the following EXCEPT:

   d. Diversity of staff

Rationale: Risk management is assessment of all risk to practice which includes: safety, financial risk, legal risk, etc. Having a diverse staff can often be beneficial. The only way it would be a risk in the practice is if employee conflict results due to the diversity.

8. What information can be obtained by reviewing the OIG work plan?

   b. Services which will be the focus of OIG investigations

Rationale: The OIG Work plan is released each year to inform providers the services that the OIG will investigate for the year. The report does not include any previous audit findings or money recovered. Practices should review the OIG Work Plan each year to be proactive. It is suggested that you review the services that appear on the work plan performed in your office. Guidance for conducting internal audits will allow the practice to identify inappropriate coding and billing and return overpayments. This will also allow the practice to improve billing and coding procedures to prevent audit findings, however this information is not provided in the OIG work plan.

9. Which of the following is NOT a requirement under a CIA?

   b. Mandatory billing and coding guidelines for all employees

Rationale: Under a CIA, all staff must receive compliance training. Only the staff who are involved in the coding, billing and documentation services are required to have compliance training specific to billing and coding.
10. Which of the following sites of service does CLIA apply?  Select all that apply.

a. Physician offices  
b. Hospitals  
c. Independent diagnostic laboratories  

Rationale: CLIA regulates all laboratory services, not radiology services. All of the sites of service except diagnostic imaging centers may perform laboratory services.

11. The practice you manage is considering offering cosmetic services to generate more revenue. The company you will purchase the supplies from has a rebate program for physicians who use their products. You are concerned this could be a violation of the Anti-kickback law. Which resource provided by the OIG can you review for additional guidance?

a. Fraud Alert  

Rationale: The OIG periodically publishes fraud alerts that describe the types of questionable practices that could be considered anti-kickback. The guidance compliance plans include guidance to develop the plan but does not specifically address Anti-Kickback Laws.

12. Which of the following scenarios violates the Stark Law?

a. An OB/GYN refers patients to an ultrasound center that his daughter owns.  

Rationale: Stark Law prohibits physicians from referring patients to medical facilities in which the physician or a member of the physician’s immediate family has a financial interest, whether by ownership, investment, or a compensation arrangement.

13. Which of the following individuals can fill a qui tam suit?  Select all that apply.

a. Patient  
b. Physician  
c. Coder  
d. Carrier Fraud Auditor  
e. Compliance Officer  

Rationale: Anyone can fill a qui tam suit. It is not limited to employees of the practice.

14. Which of the following written plans are required by OSHA?

a. Exposure control plan  

Rationale: OSHA regulates employee safety. A common risk for employees, in a medical practice is exposure to blood borne pathogens. All medical practices must have a written exposure plan and make sure all employees know and understand the plan.

15. The nurse in your office trips over a power cord that is blocking an emergency exit and suffers a bruised knee. She continues to work through the day and insists she is fine. Are you required to report the injury to OSHA?
d. No, this type of injury is not reported to OSHA

Rationale: An illness or injury resulting from an occupational exposure is required to be documented if it results in any of the following:
Death
Missed days from work
Restricted work or job transfer
Medical treatment beyond first aid
Loss of consciousness