



**POST-TEST for DHA UBO Webinar:**  
*Expanding Billing Opportunities and Finer Points*  
16 and 18 December 2014

**POST-TEST INSTRUCTIONS:** View the recorded Webinar located at [http://www.tricare.mil/ocfo/mcfs/ubo/learning\\_center/training.cfm#recent](http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm#recent) and then complete the 10 questions below. Submit your answers via e-mail to [UBO.LearningCenter@altarm.org](mailto:UBO.LearningCenter@altarm.org) with “Answers, Post-Test— **“Expanding Billing Opportunities and Finer Points”**” in the subject line (a read receipt for your records is recommended). Results may take up to five business days. If you have any questions, please submit them via e-mail to [UBO.LearningCenter@altarm.org](mailto:UBO.LearningCenter@altarm.org). **NOTE:** You must have at least 70% of the questions answered correctly in order to receive a Certificate of Approval with Index Number (via e-mail). Individuals receiving a score of 69% or lower will be notified via e-mail and may resubmit the Post-Test, after reviewing the webinar, for processing.

1. Two scenarios under which a waiver from the DoD-VA Resource Sharing standardized rates may be requested include \_\_\_\_\_ and \_\_\_\_\_.
  - a) If the standardized rate does not cover the full cost of the service
  - b) If the standardized rate does not cover marginal cost
  - c) If the standardized rate is higher than local market rates and both parties desire a larger discount from CMAC
  - d) Both a and b
  
2. True or False: The Patient Protection and Affordable Care Act (PPACA) places no requirements of plans regarding coverage of preventive services and the application of patient co-payments and deductible amounts
  - a) True
  - b) False
  
3. To fully recover the cost of inpatient care provided to VA beneficiaries at Medical Treatment Facilities under DoD-VA resource sharing agreements, the MTF needs to
  - a) Bill for institutional services
  - b) Bill for professional services
  - c) Bill both institutional and professional services



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4. What is the key to determining whether there should be billing for a patient and, if so, who should be charged and under which rate structure?
  - a) Facility location
  - b) Diagnosis
  - c) Claim form
  - d) Patient Category (PATCAT) assignment
  
5. Under DoD-VA Resource Sharing National agreement, the charges for outpatient clinical services provided under direct sharing agreements are set at
  - a) CMAC minus 10%
  - b) TRICARE CMAC minus 10%
  - c) CMAC minus 20%
  - d) TRICARE CMAC minus 50%
  
6. True or False: The Ambulatory Data Module encounter file from the Composite Healthcare System (CHCS) sends all MEPRS B (Ambulatory Care), MEPRS D (Ancillary Services), and MEPRS F (Special Programs) encounters to the Third Party Outpatient Collection System (TPOCS)?
  - a) True
  - b) False
  
7. Charges for pharmaceutical providers to VA patients at MTFs operating under DoD VA resource sharing agreements can be determined from a calculator available on
  - a) Healthcare.gov
  - b) The DHA UBO Website
  - c) TRICARE's Rates and Reimbursement Website
  
8. Where can billing office staff search for additional billable patient services that don't automatically flow to billing?
  - a) The Ambulatory Data (ADM) Module of CHCS



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- b) The PATCAT Table
  - c) The Provider File of CHCS
  - d) The UBO Website
9. The charge for anesthesia is intended to recover the cost of
- a) Anesthesia pharmaceuticals provided to the patient
  - b) The time of the anesthesia provider's professional services
  - c) Operating room supplies
  - d) Both a and c
10. Which billing rate structure(s) may be used to recover costs in fixed facilities of the Defense Health Program?
- a) Full or Third Party
  - b) Interagency
  - c) International Military Education and Training
  - d) Department of Defense – Department of Veterans Affairs (DoD-VA) Resource Sharing
  - e) All of the above