POST-TEST for DHA UBO Webinar:
Bringing it All Together
Compliance and the Revenue Cycle

19 May 2015 (0800-0900 EST)
21 May 2015 (1200-1300 EST)

<u>INSTRUCTIONS</u>: *View the recorded Webinar located at http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm#recent and then complete all of the 10 questions below. Submit your answers via e-mail to UBO.LearningCenter@altarum.org with "**Answers, Post Test Bringing it All Together: Compliance and the Revenue Cycle**" in the subject line (a read receipt for your records is recommended). If at least 70% of the questions are answered correctly, you will receive a Certificate of Approval with Index Number via e-mail. If you receive a score of 69% or lower, you will be notified via e-mail and may review the archived Webinar and resubmit the post-test. Results may take up to five business days. If you have any questions, please submit those as well to UBO.LearningCenter@altarum.org.*

1. **What is a compliance program?   A compliance program is comprised of _____ instituted by an organization to ensure that the provisions of the regulations imposed by a government agency are being met.**

    a. MTF Personnel
    b. Security Officer
    c. Systematic Procedures
    d. Attorneys

2. **When does the Revenue Cycle "begin" and when does it "end"?**
    a. Begins when patient is billed and ends when patient pays.
    b. Begins when patient seeks care and ends when payment received is deemed satisfactory and the claim is closed.
    c. Begins when patient seeks care and ends when appointment is complete.
    d. Begins when the patient is admitted to the hospital and ends when the patient is discharged.

3. **Which Revenue Cycle Management functions primarily impact Compliance?**
    a. Patient Access Management

  b. Registration, Scheduling, OHI Verification

  c. Medical Management

  d. All of them, which include Patient Access Management (Registration, Scheduling, OHI Verification), Medical Management (including Utilization Review, Charge Capture, and Medical Documentation), and Patient Financial Services (including Billing/Claims Generation, Accounts Management, Accounting & Finance, Cash Management)

4. **Which of the following is <u>not</u> an element of an effective compliance program?**

  a. Auditing and Monitoring

  b. Developing Effective Lines of Communication

  c. Written Policies and Procedures

  d. Creating Work-Arounds to Inefficient Procedures

5. **True/False – The UBO User Guide is a static document that is published by each MTF and should not be changed.**

  a. False, The UBO User Guide is a living document that is updated by the DHA UBO Program Office in coordination with the Services and National Capital Region Medical Directorate as necessary.

6. **The Federal Law that protects a patient's health information and privacy is:**

  a. Health Insurance Portability and Accountability Act (HIPAA)

  b. Health Confidentiality Act (HCA)

  c. USC Title 42: The Public Health & Welfare

  d. CFR Title 42: Public Health

7. **Who should you contact if you believe there has been a violation of any compliance policies/procedures?**

  a. Compliance Officer

  b. Corporate Officer

  c. MTF Security Personnel

  d. It is unnecessary to contact anyone unless your Supervisor tells you to.

8. **Which Department of Defense form (DD Form) is used to collect patient's Other Health Insurance (OHI) coverage information?**
   a. DD Form 2569: Third Party Collection Program/Medical Services Account/Other Health Insurance
   b. DD Form 2571: Third Party Collection Program - Aging Schedule
   c. DD Form 2608: Third Party Collection Program - Insurance Type Report
   d. DD Form 2656: Data for Payment of Retired Personnel

9. **What is the difference between the Risk Areas of *Upcoding* and *Unbundling* within Inpatient and Outpatient Coding revenue cycle process?**
   a. Upcoding is using a billing code that provides a higher payment rate than the code that reflects the service provided. Unbundling is when separate billing codes are used for services that have an aggregate code.
   b. Upcoding is using a higher number coding number. Unbundling is removing DRG codes that are unnecessary.
   c. Upcoding is using a billing code that is out of compliance. Unbundling is when billing codes are aggregated together into a single code.
   d. Upcoding is using a billing code that has multiple services. Unbundling is when separate billing codes are used to achieve a lower overall payment.

10. **The _____ _____ is a document required to be developed by each MTF and comprises policies detailing coding and billing ethical conduct.**
    a. Compliance Plan
    b. Third Party Payer Plan
    c. Contractual Plan
    d. UBO Ethical Plan