Practice Management and EHR - A Total Patient Encounter 2nd edition Ensign Test Bank

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Student name:_____

MULTIPLE CHOICE - Choose the one alternative that best completes the statement or answers the question.

1) In a medical office, viewing a medical record on a computer for a patient is an example of
   A) using technology.
   B) using paper records.
   C) using an ATM.
   D) using medical identification.

2) What is the use of computers and electronic communications to manage medical information and its secure exchange?
   A) Health Information Technology (HIT)
   B) Health Information Exchange (HIE)
   C) Health Maintenance Organization (HMO)
   D) Health Insurance Portability and Accountability Act (HIPAA)

3) What are some administrative and financial functions Practice Management programs perform?
   A) billing patients and health plans
   B) recording payments
   C) managing collections
   D) All of these choices are correct.

4) What is a computerized lifelong health care record for an individual that incorporates data from all sources that provide treatment for the individual?
   A) electronic health record (EHR)
   B) electronic medical record (EMR)
   C) medical record
   D) personal health record (PHR)

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5) Since EHRs include information entered by all health care professionals who treat the patient, the programs make it easier to _____ patient information.
   A) access
   B) share
   C) lose
   D) both access and share

6) For the greatest career opportunities for advancement in health technology, new employees need
   A) computer skills.
   B) knowledge of health care reform.
   C) health care skills.
   D) All of these choices are correct.

7) What type of software program is widely used today to schedule patients' appointments in the medical office?
   A) health information technology
   B) practice management program
   C) practice health record
   D) electronic health record

8) Health information technology (HIT) includes
   A) using software programs that record appointments.
   B) using software programs that record payments.
   C) using computers and electronic communications to manage medical information.
   D) using paper charts to record patients' medical histories.

9) Referring to a type of software program, the abbreviation PM represents
   A) provider management.
   B) provider monitoring.
   C) practice medical.
   D) practice management.

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10) One advantage of PM programs is that
   A) physicians receive payment in less time because they send electronic claims.
   B) physicians receive payment in less time because they send paper claims.
   C) physicians wait for checks in the mail.
   D) None of these choices are correct.

11) What type of software program is widely used in the medical office to bill patients and health plans?
   A) health information technology
   B) practice management program
   C) practice health record
   D) electronic health record

12) The use of electronic clinical records in medical offices is
   A) becoming the predominant storage method.
   B) decreasing.
   C) increasing.
   D) staying at the same level.

13) An electronic health record (EHR) is
   A) multiple providers' computerized health care record for an individual patient over his or her lifetime.
   B) multiple providers' computerized health care record for all patients over the time they are treated by those providers.
   C) a single physician's computerized lifelong heath care record for one individual.
   D) an ongoing record of billing patients and health plans, receiving and recording payments, and managing collections.

14) The purpose of EHRs is to
   A) replace paper records.
   B) enhance paper records.
   C) add to medical practices' paperwork.
   D) satisfy government recordkeeping requirements.

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15) The U.S. Bureau of Labor Statistics predicts that the field of health informatics will experience _____ in the future workforce.

A) continued growth
B) decreased growth
C) a shortage of HIM professionals
D) too many HIM professionals

16) In HIPAA terms, standards for electronic information exchange are

A) meaningful use guidelines.
B) required duplicate paperwork guideline.
C) required technical specifications.
D) practice privacy rule.

17) What program gives bonuses to physicians when they use treatment plans and clinical guidelines that are based on scientific evidence?

A) Quality Payment Program (QPP)
B) Health information exchange (HIE)
C) The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)
D) The American Recovery and Reinvestment Act of 2009 (ARRA)

18) To maintain a regular _____, the movement of monies into or out of a business, specific takes must be completed on a regular schedule before, during, and after a patient visit.

A) cash flow
B) medical documentation
C) treatment plan
D) business activities

19) How many steps are required in the medical documentation and billing cycle to maintain accurate patient records and to receive timely payment for services?

A) 10
B) 5
C) 7
D) 12

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20) What is the first step in the Medical Documentation and Billing Cycle that happens before the patient encounter?
A) preregister patients
B) establish financial responsibility
C) check-in patients
D) review billing compliance

21) During the Medical Documentation and Billing Cycle at what step do you generate patient statements?
A) step 9
B) step 3
C) step 10
D) step 7

22) During the office visit, a physician evaluates, treats, and _____ a patient's condition.
A) documents
B) refute
C) label
D) discredit

23) What is a code that represents the physician's determination of a patient's primary illness?
A) diagnosis
B) procedure
C) treatment
D) digital

24) What is a code that represents the particular service, treatment, or test provided by a physician?
A) procedure
B) diagnosis
C) documentation
D) digital

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25) The diagnosis and the medical services that are documented in the patient's medical record should be logically connected so that _____ of the charges is clear to the health plan.
A) medical necessity
B) treatment
C) documentation
D) extent

26) A records retention schedule is a (or an) _____ for the management of records, listing types of records and how long they should be kept.
A) plan
B) documentation
C) organization
D) law

27) What is the process of analyzing large amounts of data to discover patterns or knowledge?
A) data mining
B) record documentation
C) record retention
D) information management

28) The patient examination occurs
A) before an encounter.
B) after an encounter.
C) during an encounter.
D) None of these choices are correct.

29) An annual physical examination is an example of
A) preventive care.
B) acute care.
C) a differential diagnosis.
D) a medical order.

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30) What is the meeting of a patient with a physician or other medical professional for the purpose of providing health care?

A) encounter
B) patient examination
C) medical record
D) meeting

31) At the heart of the encounter is the

A) visit.
B) patient examination.
C) medical record.
D) documentation.

32) _____ refers to treatment that is provided without admission to a hospital in settings such as physician practices, hospital emergency rooms, and clinics for outpatients.

A) Ambulatory care
B) Acute care
C) Standard care
D) Critical care

33) What refers to coordination of care received by a patient over time and across multiple health care providers?

A) continuity of care
B) multiple provider care
C) ambulatory care
D) professional provider care

34) Every time a health care provider treats a patient, a record, known as _____, is (or are) made of the encounter.

A) a chart
B) notes
C) documentation
D) examination

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35) What are some elements a medical record may have?
A) the physician's assessment, diagnosis, and treatment plan
B) the patient's medical history
C) results of laboratory work
D) All of these choices are correct.

36) What is the main purpose of documenting patient encounters over time and across multiple providers?
A) work within the National Health Information Network
B) keep records that relate to billing and accounting
C) share health information and provide continuity of care
D) None of these choices are correct.

37) What are some secondary uses that clinical information can be used for?
A) legal issues
B) quality review
C) research
D) All of these choices are correct.

38) Choose the best statement relating clinical data and physician reimbursement.
A) Clinical data are used in case studies for training.
B) Clinical data help develop methods to improve the health of the population.
C) Clinical data show that the service provided for a patient was warranted to treat the condition.
D) None of these choices are correct.

39) What is the provision of medical services at a less than acceptable level of professional skill that results in injury or harm to a patient?
A) medical necessity
B) medically unlikely
C) medical malpractice
D) medical liability

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40) What type of treatment uses the latest and most accurate clinical research in making decisions about the care of patients?

A) malpractice
B) evidence-based
C) experimental treatment
D) primary care

41) Clinical information may be used to protect a physician from a charge of _____ by showing that medical services were provided at an acceptable level of professional skill

A) meaningless use
B) medical malpractice
C) standards of care
D) medical malware

42) Payment from a health plan may be denied if clinical information is incomplete or

A) assumption-based.
B) based on case studies.
C) inaccurate.
D) evidence-based.

43) _____ information collected during a patient visit is used by medical researchers to develop new methods of treatment and to compare the effectiveness of existing treatments.

A) Clinical
B) Research
C) Significant
D) Administrative

44) The records of physicians and hospitals are also important in determining the incidence of _____ and in developing methods to improve the health of the population.

A) disease
B) treatment
C) methods
D) research

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45) Can clinical information be used as evidence in a legal matter involving a patient or provider?

A) yes
B) no
C) maybe
D) sometimes

46) In order for the insurer to make payment, the physician's documentation in the medical record must show that the service provided was _____ given the patient's condition.

A) warranted
B) given
C) determined
D) considered

47) What job position or positions are considered administrative staff?

A) medical billers
B) receptionists
C) practice managers
D) All of these choices are correct.

48) _____ are the primary clinicians in the practice.

A) Physician assistants
B) Physicians
C) Nurse practitioners
D) Medical assistants

49) Physician assistants (PAs) and nurse practitioners (NP) are considered to be _____ practice providers.

A) advanced
B) medical
C) secondary
D) clinical

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50) Nurses perform a wide range of clinical and _____ duties.
A) nonclinical
B) treatment
C) administrative
D) diagnostic

51) Medical assistants are trained to perform both _____ and certain clinical tasks in physician offices.
A) administrative
B) technical
C) temporary
D) diagnostic

52) What does the range and scope of a medical assistant's tasks depend on?
A) amount of training
B) type of training
C) specialty of practice
D) All of these choices are correct.

53) The scope of clinical practice for a medical assistant depends on _____ laws that regular the duties of medical assistants.
A) federal
B) state
C) government
D) medical

54) Taking medical histories and recording vitals signs are what type of tasks a medical assistant can perform?
A) clinical
B) administrative
C) diagnostic
D) treatment

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55) Scheduling and managing appointments are _____ tasks that a medical assistant may perform.
A) administrative
B) clinical
C) management
D) scheduling

56) The term _____ describes all the tasks that are completed by administrative staff members during the medical billing cycle.
A) medical biller
B) practice manager
C) office assistant
D) financial officer

57) Which are duties of a medical biller?
A) assisting patients with insurance information
B) abstracting information from patients' records
C) maintaining financial records
D) All of these choices are correct.

58) In _____ practices, a medical coder or a coding team handles coding, while the medical biller or billing group handles billing and claims processing.
A) larger
B) ambulatory
C) surgical
D) smaller

59) Who are responsible for directing the successful business operation of physician practices?
A) practice managers
B) billing supervisers
C) admitting clerks
D) medical assistants

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60) A position in the clinic who is often either a physician or the practice manager that investigates and resolves all compliance issues related to coding, billing, documentation, and reimbursement.
A) compliance officer
B) office manager
C) billing supervisor
D) medical assistant

61) Collecting payment for services is the responsibility of _____.
A) medical assistants
B) administrative and clinical
C) medical biller
D) medical coder

62) Staff members who schedule patient appointments start the _____ process by collecting necessary information from patients, such as current phone numbers and insurance identification numbers.
A) reimbursement
B) scheduling
C) documentation
D) administrative

63) _____ the patient encounter is a primary responsibility for ensuring the practice receives reimbursement for services.
A) Documenting
B) Recalling
C) Filing
D) Identifying

64) _____ working in the medical office play a key role in the billing cycle.
A) Physicians
B) Medical assistants
C) Billing specialists
D) All of these choices are correct.

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65) The final step in the medical documentation and billing cycle is to _____.
A) generate patient statements.
B) monitor payer adjudication.
C) follow up patient payments and collections.
D) prepare and transmit claims.

66) Managing the activities associated with a patient encounter to ensure that the provider receives full payment for services is known as _____.
A) accounts receivable (A/R).
B) revenue cycle management (RCM).
C) data mining.
D) records retention.

67) What is involved with establishing financial responsibility for the office visit?
A) checking the health plan's conditions for payment
B) verifying the patient's eligibility
C) verifying the patient's benefits
D) All of these choices are correct.

68) Patient coinsurance or copayments, as required under the policy of the patient's health plan, may be paid _____.
A) during check-in or check-out.
B) after the claim has been sent to the health plan.
C) when the patient receives the first letter of collection.
D) when the patient receives the last letter of collection.

69) What are account receivables?
A) monies allocated for payroll and withholding
B) monies being spent by the practice
C) monies flowing into the practice
D) None of these choices are correct.

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70) A data warehouse is a collection of data that includes _____ areas of an organization's operations.
A) all
B) some
C) either all or some
D) None of these choices are correct.

71) Physician assistants (PAs) provide diagnostic, therapeutic, and preventive health care while working under the supervision of a
A) medical biller.
B) medical coder.
C) physician.
D) nurse practitioner.

72) A claim has been rejected by a health plan because the documentation is inadequate and does not show medical necessity. Who is responsible for fixing this problem?
A) medical professional staff
B) billing staff
C) collection agency
D) practice manager

73) _____ are trained in the correct use of standard medical code sets.
A) Physicians
B) Medical coders
C) Practice managers
D) Compliance officers

74) In the health care field, a commitment to _____ is a key component of success.
A) lifelong learning
B) working until full retirement age
C) being satisfied with one's current knowledge
D) None of these choices are correct.

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75) _____ acknowledge (or acknowledges) that an individual has mastered a standard body of knowledge and meets certain competencies.

A) Medical records
B) Standards
C) Certification
D) Documentation

76) Certification is offered in _____ allied health specialties.

A) two
B) most
C) all
D) twenty

77) Individuals working in health care who have achieved certification in their fields generally earn _____ than those without it.

A) less
B) the same
C) more
D) undetermined

78) To manage health information effectively, health care workers, regardless of their specific job roles, need information _____ skills.

A) documentation
B) technology
C) organization
D) coding

79) What does AHIMA stand for?

A) American Health Information Management Association
B) Association of Health Information Management Act
C) American Health Information Management Act
D) American Health Information Affiliation

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80) _____ certification is offered by the American Health Information Management Association (AHIMA).
A) Certified Medical Assistant (CMA)
B) Registered Health Information Administrator (RHIT)
C) Registered Medical Assistant (RMA)
D) Certified Coding Associate (CCA)

81) Which association offers the Certified Medical Assistant (CMA) credential?
A) American Medical Technologist (AMT)
B) American Association of Medical Assistant (AAMA)
C) National Healthcareer Association (NHA)
D) Association of Medical Assistants (AMA)

82) The American Association of Professional Coders (AAPC) offers certifications in
A) medical assisting.
B) physician assisting.
C) medical coding.
D) health information technology.

83) Since EHRs include information entered by all health care professionals who treat the patient, the programs make it easier to _____ patient information.
A) access
B) share
C) lose
D) both access and share

84) What type of software program is widely used today to schedule patients' appointments in the medical office?
A) health information technology
B) practice management program
C) practice health record
D) electronic health record

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85) When using an EHR, health care professionals typically access a patient's medical information through the _____.
A) custom care records
B) facesheet
C) health informatics screen
D) practice management folder

86) What is the purpose of EHRs?
A) replace paper records
B) enhance paper records
C) add to medical practices' document management
D) satisfy government recordkeeping requirements

87) An annual physical examination is an example of
A) preventative care.
B) acute care.
C) a differential diagnosis.
D) chronic health management.

88) What is the meeting of a patient with a physician or other medical professional for the purpose of providing health care?
A) encounter
B) patient examination
C) medical records
D) patient documentation

89) A medical record may have
A) the physician's assessment, diagnosis, and treatment plan.
B) the patient's medical history.
C) results of laboratory work.
D) All of these choices are correct.

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90) A patient's medical record may include
A) hospital admissions.
B) release documents.
C) requests for information about the patient.
D) All of these choices are correct.

91) Choose the best statement relating clinical data and physician reimbursement.
A) Clinical data are used in case studies for training.
B) Clinical data help develop methods to improve the health of the population.
C) Clinical data show that the service provided for a patient was warranted to treat the condition.
D) None of these choices are correct.

92) MIPS provides financial incentives to eligible clinicians who provide evident-based treatments to their patients and report health care quality data to the
A) DOJ.
B) CMS.
C) AHIMA.
D) HHS.

93) Clinical information may be used for
A) quality review.
B) research.
C) education.
D) All of these choices are correct.

94) The final step in the medical documentation and billing cycle is to
A) generate patient statements.
B) monitor payer adjudication.
C) follow up patient payments and collections.
D) prepare and transmit claim.

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95) _____ care is provided for illnesses with a sudden onset that are time limited.

A) Chronic
B) Sudden
C) Acute
D) Early

96) What type of illnesses must be treated over the long term?

A) acute
B) chronic
C) severe
D) secondary

97) Patient information in medical records are in _____ order.

A) chronological
B) numerical
C) timely
D) alphabetical

98) How many data points are included in an ambulatory-care medical record?

A) four
B) six
C) eight
D) ten

99) What type of care treatment is provided without admission to a hospital?

A) skilled nursing
B) preventative care
C) chronic care
D) ambulatory care

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100) Uses of clinical information, in addition to the primary use, such as for public health and homeland security, are referred to as

A) major uses.
B) secondary uses.
C) tertiary uses.
D) None of these choices are correct.

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Answer Key

Test name: Chapter 01: Test Bank

1) A
2) A
3) D
4) A
5) D
6) D
7) B

Most practices use a practice management program to schedule patients' appointments with their providers.

8) C
9) D
10) A
11) B
12) C
13) A
14) A
15) A
16) C
17) A
18) A
19) A
20) A
21) A
22) A
23) A
24) A
25) A
26) A
27) A
28) C
29) A
30) A
31) B
32) A
33) A
34) C

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35) D
A medical record, or chart, includes information that the patient provides, such as medical history, as well as the physician's assessment, diagnosis, and treatment plan, and reports covering laboratory work, diagnostic images, and medication lists.

36) C
37) D
Clinical information may be used for legal issues, quality review, research, education, public health and homeland security, and billing and reimbursement.

38) C
39) C
40) B
41) B
42) C
Payment from a health plan may be denied if clinical information is incomplete or inaccurate.

43) A
44) A
45) A
46) A
47) D
48) B
49) A
50) A
51) A
52) D
53) B
54) A
55) A
56) A
57) D
58) A
59) A
60) A
61) C
62) A
63) A
64) D
65) C

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66) B
67) D
68) A
69) C
70) A
71) C
72) B
73) B
74) A
75) C
76) B
77) C
78) B
79) A
80) B
81) B
82) C
83) D
84) B
85) B
86) A
87) A
88) A
89) D
90) A
91) C
92) B
93) D
94) C
95) C
96) B
97) A
98) C
99) D
Ambulatory care refers to treatment that is provided without admission to a hospital in settings such as physician practices, hospital emergency rooms, and clinics for outpatients.

100) B

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