Continuing Education Questions

SPRING 2014

1. Healthcare reform (Accountable Care Act) does not address which of the following issues in the current American Healthcare system
   a. Universality – All eligible Americans should be in a common risk pool.
   b. Payment reform
   c. All Americans will be covered by health insurance
   d. Prevention & Wellness

2. The prevention and wellness provisions of the Accountable Care Act include which of the following?
   a. Eliminate Medicare and Medicaid cost-sharing (co-payments) for preventive services recommended by the U.S. Preventive Health Task Force and waive deductibles for colorectal cancer screenings
   b. Provide incentives to Medicare and Medicaid beneficiaries to complete behavior modification programs (i.e. tobacco cessation)
   c. Provide grants to employers for the establishment of employee wellness programs
   d. All of the above

3. Which of the following symptoms of our current broken healthcare system is not addressed by the Accountable Care Act?
   a. Fragmentation of care and delay in care delivery
   b. Waste resulting from duplication of efforts, poorly-defined processes and loss of information
   c. Current cost of health care is stagnant
   d. Poor quality patient experience

4. With the Accountable Care Act primarily being focused on payment reform, which of the following represents a specific example of this.
   a. Allowing health plans to set their own minimum coverage requirements
   b. Making it illegal for a health plan to deny coverage for a person with a pre-existing condition
   c. Continuing to allow geographic variation in premiums for the same health plan
   d. Each plan can define which preventive health services will be covered

5. Which segment of the health care system contributes the most to duplication of services and wasted cost
   a. Laboratory services
   b. Transitions in care (transition from hospital to skilled nursing, transition from skilled nursing to home, etc.)
   c. Provision of preventive services
   d. Covering children up to the age of 26

6. Which of the following are types of Accountable Care Organizations defined in the Accountable Care Act?
   a. HMO
   b. Medicare Shared Savings Program
   c. Advance Payment Model
   d. Pioneer ACO model

7. Which of the following attributes are defined to be part of an Accountable Care Organization?
   a. It is a regional approach to organize and deliver care for a defined population of patients
   b. It is a true economic partnership, where risks are shared and incentives aligned, between physicians, hospitals, health systems and purchasers and payers
   c. There needs to be a comprehensive continuum of health care services across settings and levels of care – primary care, specialists, hospitals, home care and skilled nursing
   d. All of the above

8. Which of the following is NOT intended to be achieved as a result of implementing Accountable Care Organizations?
   a. Fewer preventable emergency department visits
   b. Fewer hospital-acquired infections and associated complications
   c. An increase in readmissions within 30 days post-discharge
   d. Fewer laboratory tests and greater use of reflex testing and care protocol

9. The laboratory has the opportunity to take advantage of the following, as ACOs are developed, with the exception of which of the following.
   a. Expanding inpatient services to support increased numbers of acute care admissions
   b. Building electronic connectivity solutions, which integrate data with the physician's electronic medical record (EMR)
   c. Assure that your operations are cost effective
   d. Developing utilization management tools and guidelines

10. The formation of ACOs, healthcare reform, and Medicaid expansion will drive what overall volumes changes for the laboratory
    a. Increase
    b. Decrease
    c. No change

11. Which reimbursement change, implemented in the early 1980's, began to drive the change from providing care as inpatient in the hospital to providing more care on an outpatient basis.
    a. Implementation of the Clinical Laboratory Fee Schedule (CLFS)
    b. The implementation of Ambulatory Patient Classifications
    c. Diagnosis Related Groups (DRGs)
    d. None of the above

12. Which of the following is not a threat to the current levels of clinical laboratory reimbursement? Competitive bidding
    a. Implementation of a laboratory co-payment or laboratory co-insurance
    b. Fixing the sustainable growth rate (SGR) physician payment formula.
    c. Bundling of outpatient laboratory testing
    d. None of the above

13. Which percentage of private payer laboratory reimbursement policies is impacted by or modeled by private payers?
    a. 25%
    b. 45%
    c. 67%
    d. 90%

14. Which of the following can be a justification for adjusting the DRG payment for a hospital?
    a. Disproportionate share add-on payment if the hospital treats a high percentage of low income patients
    b. Indirect medical education (IME) in academic hospitals
    c. Outlier payment for specific, costly patients
    d. All of the above

15. The Accountable Care Act had three direct impacts on outpatient laboratory reimbursement. Which one does not apply.
    a. Freeze on the CPI updates to the Clinical Laboratory Fee Schedule for 5 years
    b. An annual productivity adjustment
    c. Medical device tax
    d. Implementation of competitive bidding

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Circle correct answer.

1.	a	b	c	d	13.	a	b	c	d
2.	a	b	c	d	14.	a	b	c	d
3.	a	b	c	d	15.	a	b	c	d
4.	a	b	c	d					
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10.	a	b	c	d					
11.	a	b	c	d					
12.	a	b	c	d					

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Please circle the most appropriate answers.

1. Is this program used to meet your CE requirements for: (a) state license (b) BOC (c) employment (d) other
2. Did these articles achieve their stated objectives?
3. How long did it take you to complete both the reading and the quiz? _____ minutes
4. What subjects would you like to see addressed in the future Focus articles?

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July 30 - August 2

2014

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