

Continuing Education Questions

SPRING 2009

To receive 2.5 contact hours of intermediate level P.A.C.E.® credit for the **Focus: The Government and You** questions, you may insert your answers in the appropriate spots on the continuing education registration form that follows, then mail a photocopy of the form as directed. This exam may also be completed online through the MediaLab website at <http://www.medialabinc.net/>.

Alternately the Focus exam can be completed online. To register as a participant and receive a username and password to access the online quiz, go to the ASCLS Online Store at <http://www.ascls.org/publications/edconn.asp>; follow the links to the member or non-member store. Once in the store, click on the Online Quizzes category, and select the title of the FOCUS series to receive access to the correct quiz. Allow 1-2 business days to receive username, password, and instructions.

LEARNING OBJECTIVES:

1. List the Departments in the President's Cabinet
2. Describe the acronyms most commonly associated with the Department of HHS
3. Differentiate between the acronyms for the Executive and Legislative branches departments, centers, offices and divisions
4. Identify the functions of the agencies and divisions of CDC, CMS and FDA
5. Describe the purpose of the Medicare program.
6. Compare the payment methodologies for inpatient and outpatient laboratory services under Medicare.
7. Describe the differences between a fiscal intermediary, a carrier, and a MAC.
8. List three mechanisms used by CMS to limit payments to laboratories for services provided to Medicare beneficiaries.
9. Contrast Correct Coding Initiative limitations with those imposed by Medically Unlikely Edits.
10. Describe at least three changes in Medicare payment methodology for laboratory services following the implementation of the clinical laboratory fee schedule (CLFS) in 1984.
11. List the key provisions of the Balanced Budget Act of 1997 affecting payment for Medicare laboratory services.

12. Compare the initial mechanism for annual inflation adjustments to the CLFS with the actual updates between 1991 and 2007.
13. Discuss two reasons for the actual decreases in reimbursement for laboratories since the CLFS was implemented.
14. Explain the difference between the "cross-walking" and "gap-filling" processes used to set CLFS payment amounts for new tests.
15. List five recommendations in the IOM Report "Medicare Laboratory Payment Policy: Now and in the Future".
16. Describe the key elements of the design for the Competitive Bidding for Medicare Clinical Laboratory Services demonstration project.
17. List the specific purposes for an alternative payment system outlined in the Medicare Clinical Diagnostic Laboratory Fee Schedule Modernization Act of 2008.

CONTINUING EDUCATION QUESTIONS

1. The executive branch of the U.S. government consists of the President, the Executive Offices, and the Cabinet. Which of the following departments is not a part of the President's Cabinet?
 - a. Health and Human Services (HHS)
 - b. Justice (DOJ)
 - c. Government Accountability (GAO)
 - d. Homeland Security (DHS)
2. This agency is the research arm of the Department of Health and Human Services including investigating health care quality and cost issues and access to health care.
 - a. AHRQ
 - b. CMS
 - c. CDC
 - d. NIH
3. This entity was established by Congress to act as a non-profit, private non-governmental organization that can provide science-based advice to Congress.
 - a. LOC
 - b. AHRQ
 - c. HRSA
 - d. IOM

FOCUS: THE GOVERNEMENT AND YOU

4. This agency includes an entire division that writes rules and regulations related to the Clinical Laboratory Improvements (CLIA).
 - a. DHS
 - b. CMS
 - c. CDC
 - d. FDA
5. The Medicare program was established in 1965 to:
 - a. Provide universal healthcare coverage for all U.S. citizens
 - b. Provide coverage for prevention of illness
 - c. Provide coverage for diagnosis and treatment of disease in beneficiaries over age 65
 - d. Provide higher reimbursement to clinical laboratories for services provided to beneficiaries
6. Which of the following statements about Medicare payment methodology is not true?
 - a. Laboratory tests performed during a hospital inpatient admission are reimbursed individually on a fee-for-service basis.
 - b. Laboratory tests performed for outpatients are reimbursed based on the Clinical Laboratory Fee Schedule.
 - c. Professional services provided by a physician are reimbursed by a different method from the Clinical Laboratory Fee Schedule.
 - d. Inpatient laboratory testing is reimbursed as part of the prospective payment for the Diagnosis Related Group that describes the patient's admission.
7. A Medicare Fiscal Intermediary has which of the following functions?
 - a. Provide payment to physicians for professional services
 - b. Provide payment to clinical laboratories for tests performed for outpatients seen in hospital-based clinics
 - c. Process claims only for Medicare beneficiaries in the state in which the FI is located.
 - d. Accept claims on a 1500 claim form.
8. Mechanisms used by CMS to limit payment for laboratory services include all but which of the following?
 - a. National Coverage Decisions
 - b. Correct Coding Initiative edits
 - c. Medically Unlikely Edits
 - d. Medically Unbelievable Edits.
9. Correct Coding Initiative Edits limit payment by:
 - a. Examining code pairs for duplication of tests
 - b. Considering whether tests are performed on the same date and time of service
 - c. Prohibiting use of a modifier to indicate a separate service
 - d. Requiring the patient to pay for a test that fails the CCI edit rules
10. Which of the following best describes payments to laboratories after implementation of the Clinical Laboratory Fee Schedule (CLFS) in 1984?
 - a. Payments continued to be based on reasonable charges.
 - b. Fee schedule was based on 60-62% of prevailing charges.
 - c. Laboratories were required to bill for co-payments.
 - d. NLAs were initially set at 100% of the median charges.
11. Which of the following was NOT a key provision of the Balanced Budget Act of 1997 affecting payment for laboratory services?
 - a. Increase payment rates 2% annually for 5 years (2004-08)
 - b. Set payment caps at the lowest of the actual charge or 74% of the NLA
 - c. Mandate \$2 billion in laboratory cuts over 5 years
 - d. Fund an IOM study on Medicare payments for laboratory services
12. Between 1991 and 2007, actual fee schedule payment updates can be best characterized as
 - a. Consistent with the annual CPI updates
 - b. Greater than the annual CPI updates
 - c. Less than the CPI because of fee increase freezes
 - d. Average update of 2% per year
13. Since the CLFS was implemented in 1984, all but which of the following actions by Congress did NOT have an impact on the level of laboratory reimbursement.
 - a. Changed the NLA payment cap from 115% to 74% of the national median
 - b. Mandated an IOM study to assess Medicare payment methodologies for laboratory services
 - c. Modified payments for automated, high volume tests
 - d. Enacted a five-year freeze (2004-08) on CPI updates

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14. As new tests are developed and added to the CLFS each year, the corresponding payment amounts may be set based on
 - a. The actual costs of performing the test
 - b. The average charge by all laboratories
 - c. A process referred to as “cross-walking” or “gap-filling”
 - d. The amount determined by CMS
15. In its 2000 Report “Medicare Laboratory Payment Policy Now and in the Future”, the IOM recommended
 - a. An open, timely and accessible process for the incorporation of new tests into the CLFS
 - b. Continuing payments for laboratory services based on the different contractor level fee schedules
 - c. Eliminate use of NLAs immediately
 - d. Reinstatement of the policy for beneficiary cost sharing
16. Design of the Medicare Laboratory Competitive Bidding demonstration project scheduled to begin in 2008 would have required
 - a. Initial bids from laboratories in five or more metropolitan statistical areas
 - b. Bidders to bid on all tests on the demonstration list
 - c. Losing bidders to participate at a level below the winning bid amount
 - d. Laboratories to participate in the demonstration project for a period of 1 year
17. The legislative proposal calling for the modernization of the Medicare CLFS includes the following purposes EXCEPT
 - a. Ensuring Medicare beneficiary access to laboratory services
 - b. Modernizing the fee schedule to reflect increased cost and enhanced technology
 - c. Creating mechanisms for periodic revisions and inflationary updates
 - d. Limiting the involvement of stakeholders in the modernization process

Continuing Education Questions

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To receive 2.0 contact hours of intermediate level P.A.C.E. credit for the Focus: Methicillin-Resistant *Staphylococcus Aureus* (MRSA) questions, you may insert your answers in the appropriate spots on the continuing education registration form that follows, then mail a photocopy of the form as directed. This exam may also be completed online through the MediaLab website at <http://www.medialabinc.net/>.

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LEARNING OBJECTIVES:

1. Differentiate between community-acquired and hospital-acquired MRSA.
2. Describe the various MRSA typing systems.
3. Discuss the change in number of MRSA infections and percentage of MRSA isolates in the U.S.
4. Describe what is included in the APIC guidelines and the SHEA report in regards to the elimination of MRSA.
5. Describe how penicillin drugs function in a bacterial cell.
6. Discuss the different types of SCC mec elements and where they are found.
7. Differentiate between VISA and VRSA strains.
8. Discuss the virulence of methicillin-susceptible *S. aureus* and MRSA strains.
9. Discuss the standards techniques for identification of *Staphylococcus aureus*.
10. Describe how methicillin-resistance is induced and detected.
11. Compare the different PCR methods for MRSA identification.
12. Describe other drugs that some MRSA strains may be resistant to and how that resistance is detected.
13. Differentiate among the new MRSA drugs and among those drugs in the developmental phase.

CONTINUING EDUCATION QUESTIONS

1. CA-MRSA is designated as those strains of MRSA:
 - a. Isolated from inpatients
 - b. Isolated from outpatients and anytime after hospital admission
 - c. Not isolated from inpatients
 - d. Isolated from outpatients and within 48 hours of hospital admission
2. Which MRSA typing system is simple, rapid, and inexpensive?
 - a. antibiogram
 - b. bacteriophage
 - c. pulsed field gel electrophoresis
 - d. multi locus sequence
3. MRSA isolates from which of the following PFTs are the most likely to contain CA-MRSA strains?
 - a. USA100 and 200
 - b. USA300 and 400
 - c. USA500 and 600
 - d. USA800
4. CA-MRSA infections are most likely to be:
 - a. pneumonia
 - b. bacteremia
 - c. skin and soft tissue infections
 - d. endocarditis
5. In 2005 in the U.S. the number of MRSA infections per year had increased to:
 - a. 100,000
 - b. 175,000
 - c. 225,000
 - d. over 350,000
6. The SHEA report recommends MRSA surveillance testing for:
 - a. high-risk groups
 - b. all patients admitted to the hospital
 - c. all hospital workers
 - d. inpatients and outpatients

FOCUS: METHICILLIN-RESISTANT *STAPHYLOCOCCUS AUREUS* (MRSA)

7. The effect of the penicillin drugs on a bacterial cell is:
 - a. Interfering with DNA replication
 - b. Inhibiting cell wall production
 - c. Blocking protein synthesis
 - d. Destruction of ribosomes
8. How many different types of SCC_{mec} elements are there in MRSA strains?
 - a. 1
 - b. 2
 - c. 3
 - d. 4
 - e. 5
9. Which SCC_{mec} type is most likely to be found in CA-MRSA strains?
 - a. I
 - b. II
 - c. III
 - d. V
10. VISA and VRSA strains use the same antimicrobial resistance mechanisms against vancomycin.
 - a. True
 - b. False
11. MRSA strains have more virulence factors than methicillin-susceptible *S. aureus*.
 - a. True
 - b. False
12. Which virulence factor is produced by CA-MRSA strains that is not usually found in HA-MRSA strains?
 - a. ETA
 - b. TSST
 - c. PVL
 - d. ETB
13. What two main bacterial groups of gram-positive cocci does the catalase test distinguish between?
 - a. streptococci and enterococci
 - b. staphylococci and streptococci
 - c. streptococci and viridans
 - d. staphylococci and micrococci
14. Which of the following cannot be used to induce expression of methicillin-resistance?
 - a. NaCl
 - b. incubating at 30° C
 - c. cefoxitin
 - d. penicillin
15. What type of rapid test is available for PBP2a detection?
 - a. tube clot assay
 - b. disk diffusion assay
 - c. latex agglutination assay
 - d. PCR assay
16. On CHROMagar MRSA media, MRSA colonies appear:
 - a. mauve
 - b. blue
 - c. green
 - d. yellow
17. The GeneOhm MRSA assay uses what methodology?
 - a. nested PCR
 - b. multiplex PCR
 - c. scorpion PCR
 - d. real-time PCR
18. Which of the following is a unique feature of the GeneXpert MRSA assay?
 - a. it uses real-time PCR
 - b. it can be used for nasal swab specimens
 - c. it can be performed by random access
 - d. it amplifies the *orfX* gene
19. The clindamycin disk diffusion test uses a clindamycin disk and what other antimicrobial agent?
 - a. cefoxitin
 - b. erythromycin
 - c. oxacillin
 - d. nitrocefin
20. All of the following are limitations of vancomycin treatment except:
 - a. vancomycin has limited tissue penetration
 - b. vancomycin has slower bactericidal activity than some other drugs
 - c. vancomycin treatment is inexpensive
 - d. vancomycin can only be given intravenously

FOCUS: METHICILLIN-RESISTANT *STAPHYLOCOCCUS AUREUS* (MRSA)

21. Which of the following new drugs can be given orally?
- a. daptomycin
 - b. linezolid
 - c. quinupristin/dalfopristin
 - d. tigecycline
22. What drug in the development phase has a high affinity for the MRSA PBP2a?
- a. ceftobiprole
 - b. dalbavancin
 - c. oritavancin
 - d. telavancin

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