

# CHC CEU Quiz for *Compliance Today*, July 2009

To receive one CEU for successfully completing the following quiz, you must answer at least three questions correctly. Only one answer per question is correct. Please indicate your answers on the answer sheet provided. **This quiz expires July 30, 2010. Quizzes are valid for one year after publication. Quizzes received after the expiration date will not be accepted.**

## LEARNING OBJECTIVES

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After reading “**Medicare’s new mandatory reporting requirements for liability insurers**” (page 20), you should be able to complete the following:

- Understand how the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) modifies the Medicare Secondary Payer Statute (MSPS).
  - Discuss the parameters of the reporting requirements under MMSEA.
1. **Under MSPS, if CMS makes a conditional payment because the beneficiary filed a liability claim that was not expected to be paid within 120 days,**
    - A. CMS cannot seek payment from the primary payer if the payment has already been made to the beneficiary
    - B. CMS is bound by the allocation of responsibility for payment determined by a judge, arbitrator, or jury
    - C. only the beneficiary is obligated to reimburse CMS for the conditional payment
    - D. the party that is responsible to make the primary payment and the party that receives that payment are both obligated to reimburse CMS within 60 days of when that payment is made
  2. **Which of the following statements is True?**
    - A. Designating a third-party administrator to act as its reporting agent relieves an entity of its MMSEA reporting obligations
    - B. If a healthcare organization is considered self-insured because it carries no coverage, it has no reporting responsibilities under MMSEA
    - C. A responsible reporting entity must have an MMSEA authorized representative and an account manager, and they cannot be the same person
    - D. A responsible reporting entity must report all liability payments in full, whether or not any medical expenses were claimed or released.

## LEARNING OBJECTIVES

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After reading “**The impact of the RAC demonstration project on providers of therapy services**” (page 31), you should be able to complete the following:

- Recommend policies and procedures that will ensure that patient records are accurate and complete during a Recovery Audit Contractor (RAC) audit.
3. **Which of the following would be considered a best practice that compliance officers can use to reduce the number of denied claims during a RAC audit?**
    - A. Include relevant findings from internal audits as an integral part of staff performance evaluations
    - B. Review records to verify that one patient is billed for individual therapy and the other is billed for group therapy, if two patients are treated by the same therapist at the same time
    - C. Verify that the Charge Description Master can bill physical therapy sessions only in 15-minute increments
    - D. When a RAC request for patient records arrives, be sure the records are always sent as quickly as possible, rather than waiting to review them

## LEARNING OBJECTIVES

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After reading “**Zone Program Integrity Contractors coming to a provider near you**” (page 36), you should be able to complete the following:

- Outline the major benefits of the new Zone Program Integrity Contractor (ZPIC) structure.
4. **One major benefit of the ZPIC zone structure is that**
    - A. each of the zones will be responsible for approximately the same size geographical area, so travel requirements for investigators will be more uniform throughout the zones
    - B. fewer random audits of Medicare and Medicaid claims will be performed, so hospitals can spend less time responding to requests for information
    - C. it will be easier for law enforcement officials to get a more complete view of a particular provider’s claims data when pursuing Medicare fraud and abuse cases
    - D. proactive data mining will eliminate “hot zones,” such as Miami and Los Angeles



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## HCCA *Compliance Today* Continuing Education Form

You will receive **one** (1) CEU for answering the HCCA *Compliance Today* CEU questions correctly. After filling out this form:

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Please check here if credit for this quiz is needed for credentials outside of those offered by HCCA/SCCE

### COMPLIANCE TODAY: July 2009

**Article:** “Medicare’s new mandatory reporting requirements for liability insurers” (page 20)

**Please indicate your answers.**

1.    A        B        C        D

2.    A        B        C        D

**Article:** “The impact of the RAC demonstration project on providers of therapy services” (page 31)

**Please indicate your answer.**

3.    A        B        C        D

**Article:** “Zone Program Integrity Contractors coming to a provider near you” (page 36)

**Please indicate your answer.**

4.    A        B        C        D

### ATTENDANCE VERIFICATION

By signing below, I certify that I have read the HCCA *Compliance Today* articles that relate to the questions I have answered above. I further certify I will cooperate with the CCB in all administrative functions related to the accreditation of this program and its subsequent recognition as a program fulfilling candidate requirements for CCB certification.

Signature \_\_\_\_\_

Date \_\_\_\_\_