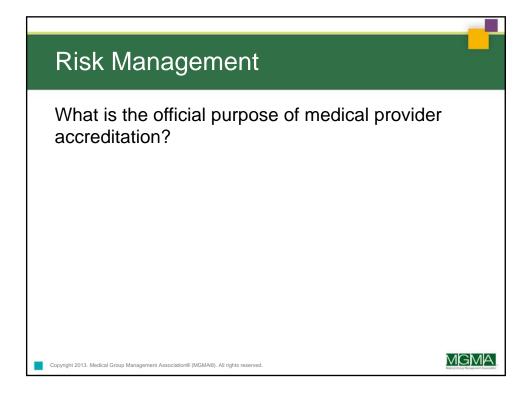


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Risk Management A person or organization that furnishes, bills or is paid for healthcare in the normal course of business



Regular verification of the credentials of healthcare practitioners and definition of their privileges are required for increased patient safety, reduction of medical errors and the provision of high-quality healthcare services

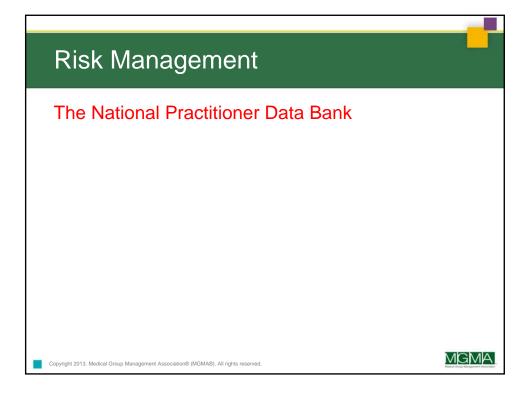
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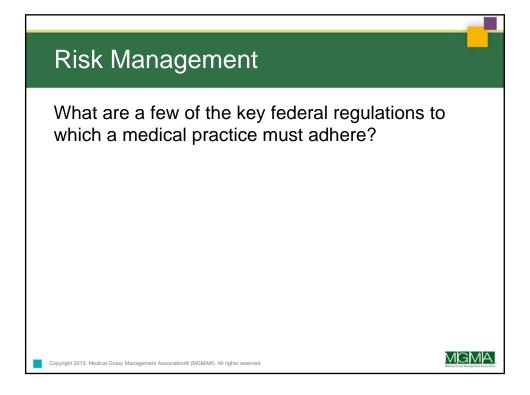
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Risk Management

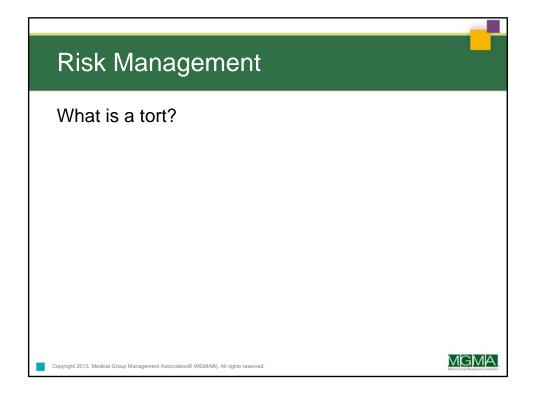
Medical malpractice judgment's against physicians are reported to what agency?

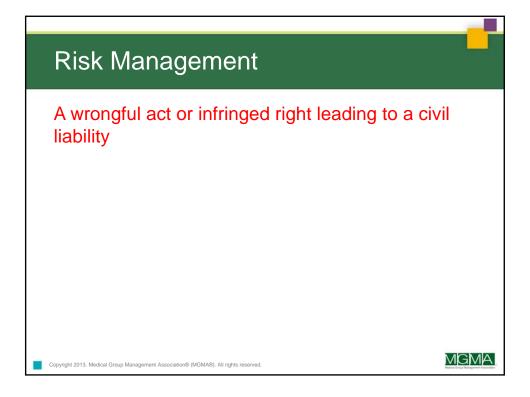


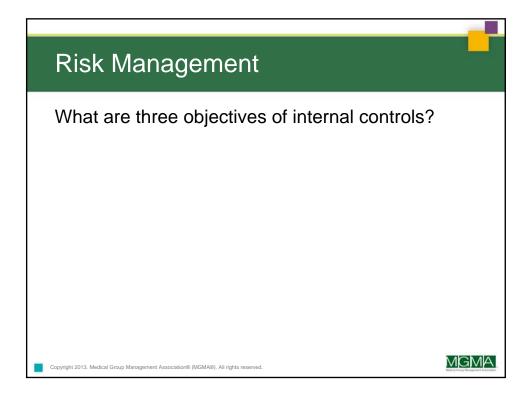




Risk Management HIPAA, Stark, OSHA, ADA, CMS, DEA, IRS, FTC, CDC, Fair Labor Standards Act, etc.







- 1. Assets are safeguarded and used for business purposes
- 2. Business information is accurate
- 3. Employees comply with laws and regulations

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Risk Management

What is MSDS

Material Safety Data Sheet

A document that contains information on the potential hazards (health, fire, reactivity and environmental) and how to work safely with a chemical product. It is an essential starting point for the development of a complete health and safety program

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Risk Management

What is risk management?

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The identification and assessment and prioritization of risks followed by coordination and economical application of resources to minimize, monitor and control the probability and/or impact of unfortunate events.

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Patient Centered Care

What is PQRS?



Patient Centered Care

Physician Quality Reporting System

A federal quality reporting program that uses a combination of incentive payments and payment adjustments to promote reporting of quality information by eligible professionals (EPs) services furnished to Medicare Part B fee-for-service (FFS) beneficiaries.

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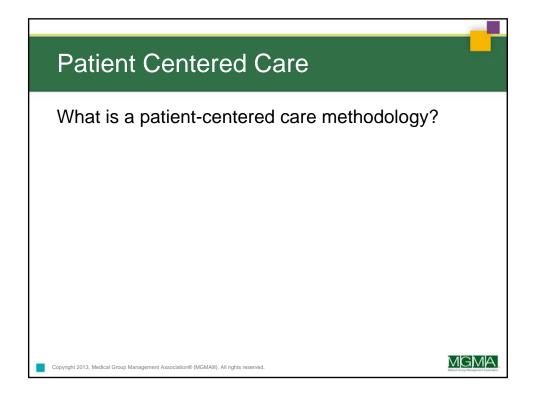


Patient Centered Care

On what aspects would an outcomes-management database primarily focus?



Patient Centered Care Patient health outcomes, effectiveness of clinical practice and the consumption of resources Copyright 2013. Medical Group Management Association® (MGMA®). All rights reserved.



Patient Centered Care

A systematic workflow that is designed from the patient's perspective. Patient "hand-offs" are minimized because staff members and physicians roles are integrated.

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Patient Centered Care

What is Patient Flow?



Patient Centered Care

Patient flow encompasses the systematic process of attending to patients from the time they walk into a medical facility to the time they check out. Patient flow includes both medical and administrative functions which often overlap.

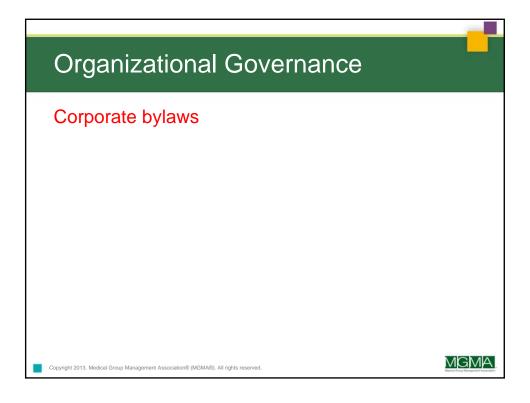
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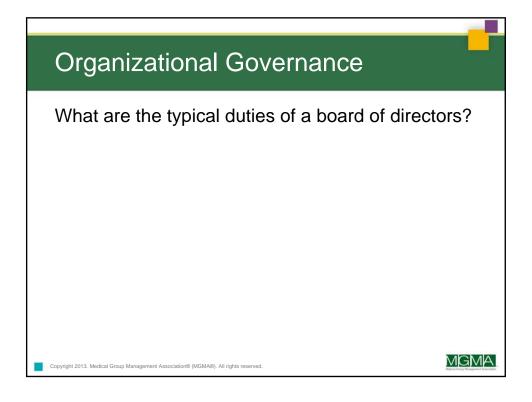


Organizational Governance

The roles and responsibilities of the board of directors for a medical practice are delineated in which legal document?







Organizational Governance

- 1. Governing the organization by establishing broad policies and objectives
- 2. Selecting, appointing, supporting and reviewing the performance of the chief executive
- 3. Ensuring the availability of adequate financial resources
- 4. Approving annual budget
- 5. Accounting to the stakeholders for the organization's performance

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Organizational Governance

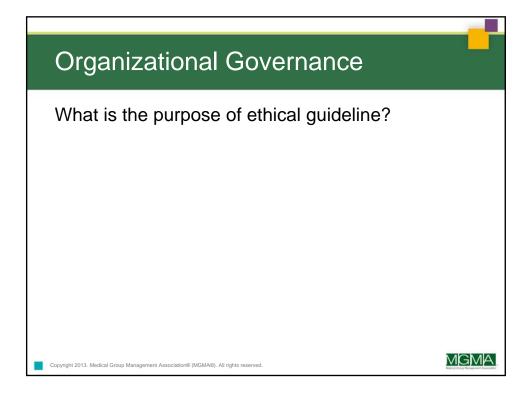
What does a mission statement define?

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Organizational Governance The unique and distinctive purpose of the organization, which identifies goals and guides actions and decision making



Organizational Governance

Ethics are standards based on values, which guide action. They identify what is right or wrong, good or bad, moral or immoral and are designed to provide guidance in the decision-making process.

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Human Resource Management

What is the purpose of a performance appraisal?

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To measure and improve the performance of employees and increase their future potential and value to the company. Other objectives include providing feedback, improving communication, understanding training needs, clarifying roles & responsibilities, and determining how to allocate rewards.

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Human Resource Management

What is professional development?



The skills, knowledge and ongoing learning opportunities undertaken to improve an individual's ability to do his or her job and grow as a professional.

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Human Resource Management

What is a severance package?



Pay and benefits that an employee receives when he or she leaves employment at a company

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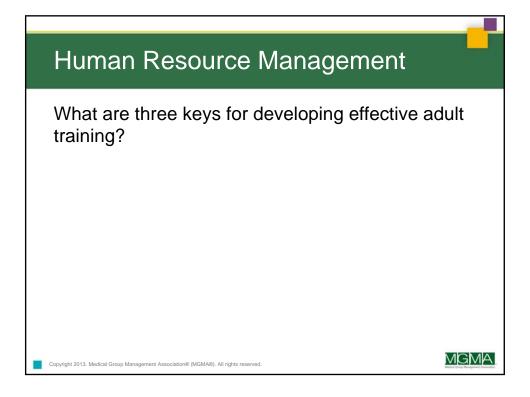
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Human Resource Management

What is a key benefit of an effective training and development program?

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- 1. Answer Why
- 2. Make it experiential
- 3. Let them learn it their own way

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Human Resource Management

What is the most frequently cited reason why employees leave an organization?

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Research says that most employees leave an organization out of frustration and constant friction with their superiors or other team members

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Human Resource Management

What is the purpose of an employee satisfaction survey?



Human Resource Management To measure employee engagement and find opportunities to improve the workplace

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environment.

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Human Resource Management

What three elements are included in a job classification system?



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Human Resource Management 1. Position analysis 2. Job descriptions 3. Working conditions

Financial Management

What is a charge audit?

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A process to determine whether data in a provider's health record, and/or by appropriate medical policies, documents or supports services listed on a provider's bill

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Financial Management

What is the International Classification of Diseases (ICD)?



The ICD is a coding system and the standard diagnostic tool for epidemiology, health management and clinical purposes. This includes the analysis of the general health situation of population groups. It is used to manage and monitor the incidence and prevalence of diseases and other health problems

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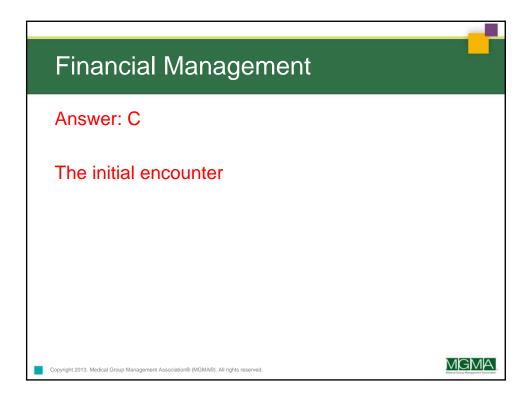


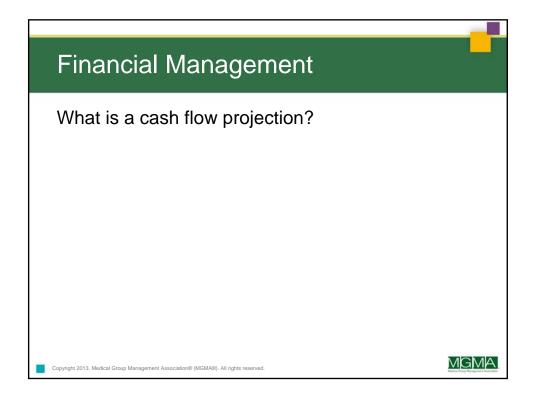
Financial Management

What does an effective accounts-receivable management process rely on *the most*?

- A. When the account is 60 days old
- B. Remittance follow up
- C. The initial encounter
- D. When the account is 120 days old

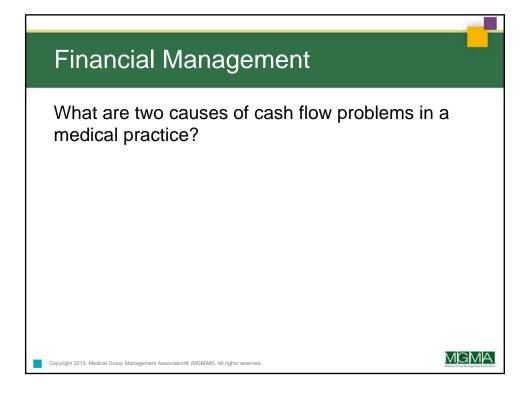






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Financial Management A detailed budget of estimated cash inflows and outflows incorporating both revenue and capital items



- 1. Slow charge entry
- 2. Poor claims editing
- 3. Incomplete denial processes to correct and resubmit rejected or denied claims
- 4. Inadequate follow-up on unpaid claims.
- 5. Ineffective payer analysis

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Financial Management

Why is segregation of duties important?

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Segregation of duties is a deterrent to fraud because it ensures that there is a "check and balance" system and therefore decreases the opportunity for fraud to occur

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Financial Management

What are debits and credits?

Debits and credits record changes in value resulting from business transactions. Generally speaking, the source account for the transaction is credited and the destination account is debited. Total debits must equal total credits for each transaction; individual transactions may require the recording of multiple debit and credit entries

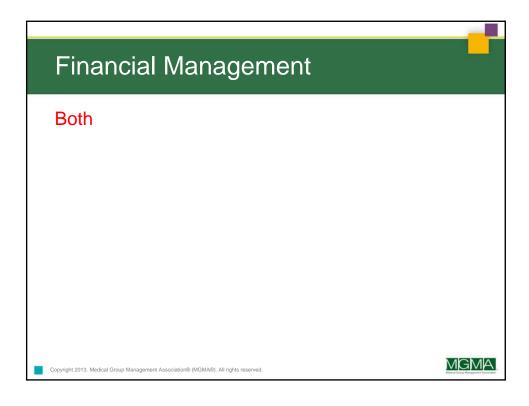
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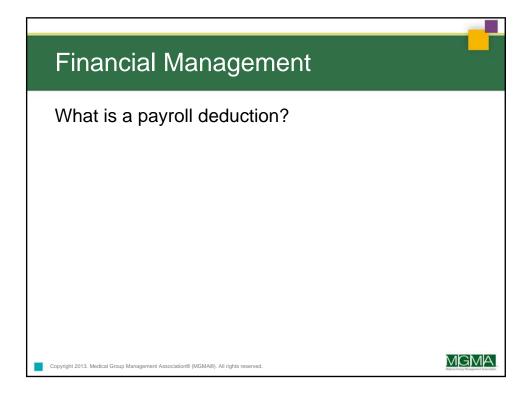


Financial Management

Are payroll records regulated by states or by the federal government?







The amount withheld by an employer from an employee's earnings. It typically incudes income tax, social security and voluntary benefit deductions.

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Financial Management

What is an operating budget?

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A detailed projection of all estimated income and expenses based on a forecasted sales revenue during a given period (usually one year).

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Financial Management

What is an income statement?

The income statement is one of the three major financial statements. The other two are the balance sheet and the statement of cash flows. The income statement is divided into two parts: the operating and non-operating sections.

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Financial Management

What are generally accepted auditing standards (GAAS)?



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Standards against which the quality of audits are performed and may be judged.

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Operations Management

What should a medical practice complete to allow an outside entity to have access to protected information under its control?

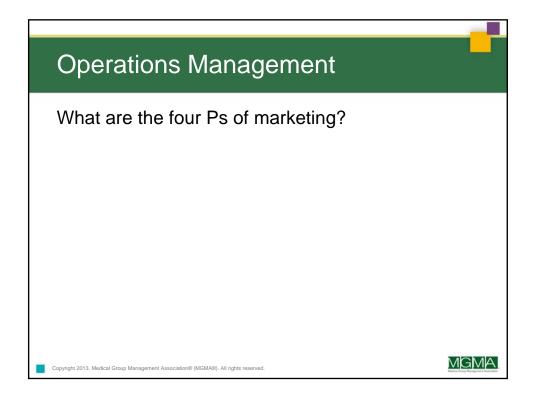
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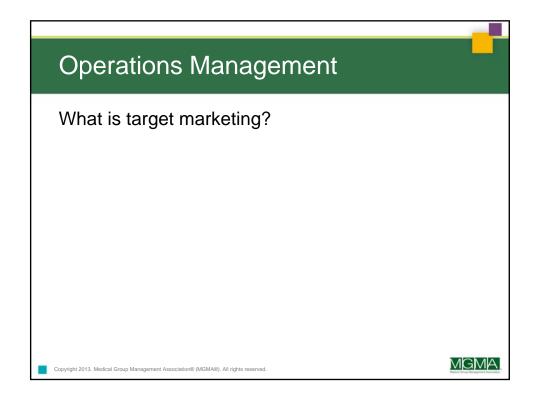




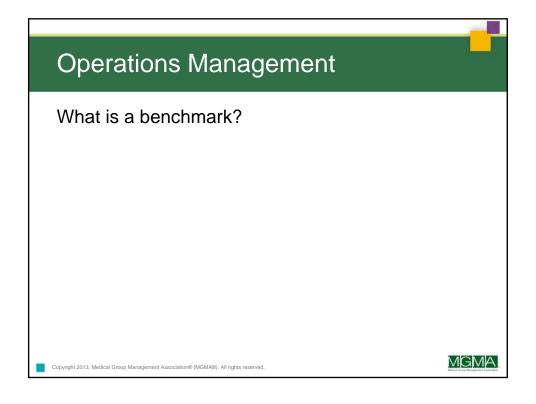
Operations Management 1. Preparation 2. Mitigation 3. Response 4. Recovery

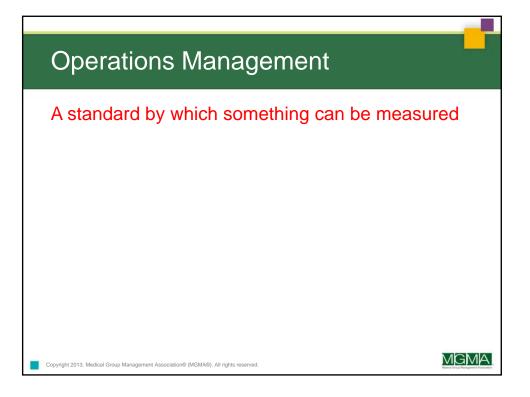


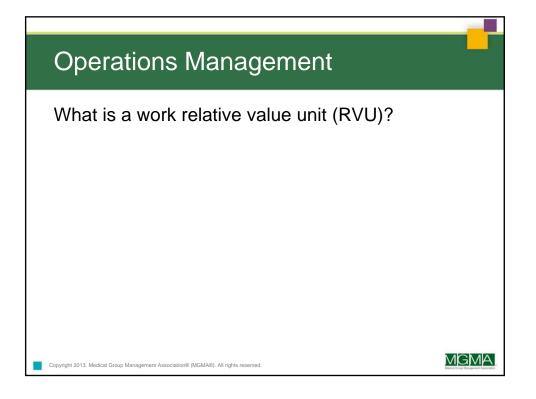
Operations Management 1. Product 2. Price 3. Placement 4. Promotion



Operations Management A business strategy to identify and market to a specifically defined market segment Copyright 2013. Medical Group Management Association® (MGMA®). All rights reserved.







Medicare uses a fee schedule to determine payments for more than 7,000 physician services. The fee for each service depends on its RVUs, which rank on a common scale the resources used to provide each service, including the physician's work, expense of practice and liability insurance.

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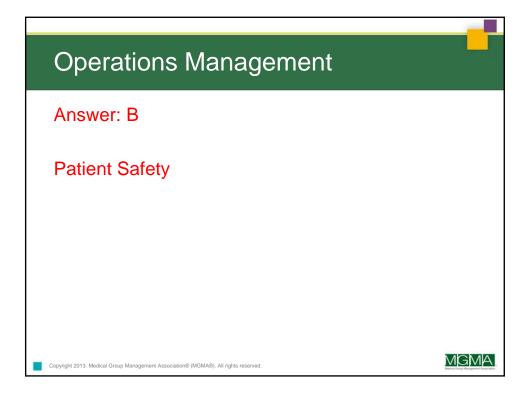
Operations Management

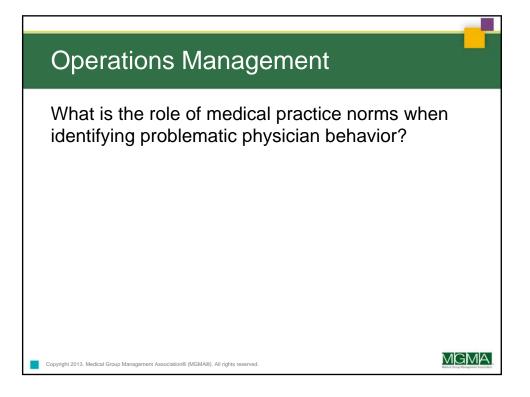
What is the fundamental responsibility of the governing body when addressing physician impairment?

- A. Staff notification
- B. Patient safety
- C. Physician protection
- D. Public image

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A norm is a general standard; a problem is behavior that deviates from the norm beyond an acceptable degree

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Operations Management

When searching for a new office technology system, best practice dictates that the most proficient staff members choose the vendor.

True or False?



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False.

Best practice provides for input from all staff and departments who will be affected by the system.

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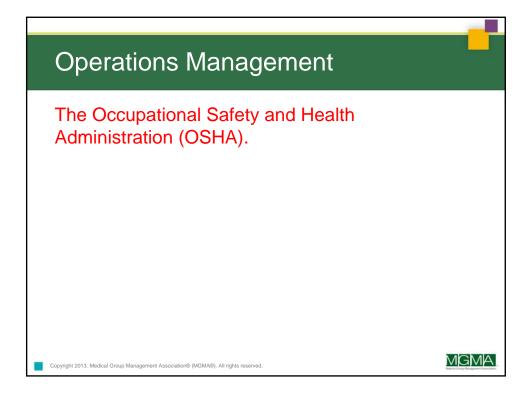
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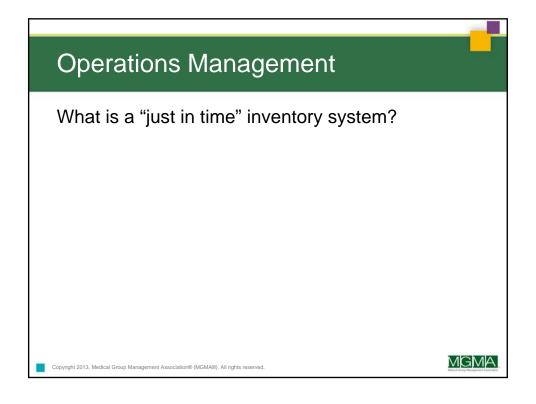
Operations Management

Which federal agency is responsible for regulating workplace safety?

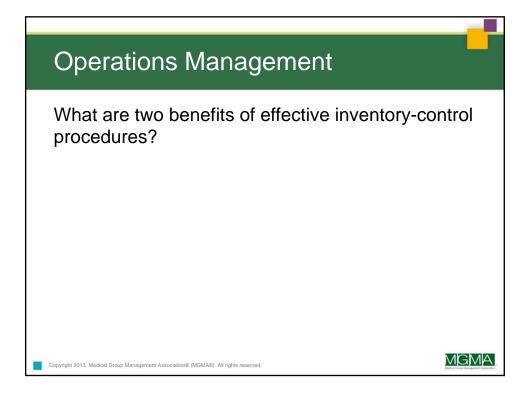
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- 1. Eliminating the waste associated with proper disposal of an expired item.
- 2. Avoiding the cost associated with inefficiency when a key supply is not in stock

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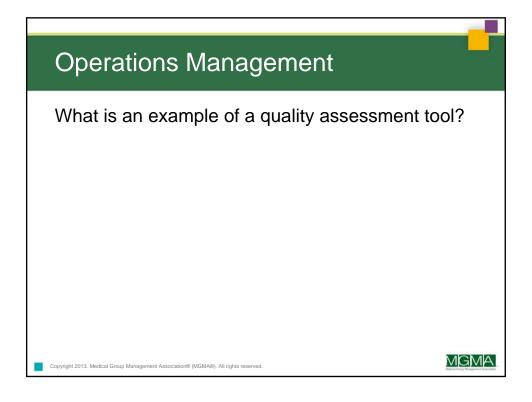
Operations Management

What is the main purpose of a strategic plan?

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Some examples of quality assessment tools:

- 1. Process Map
 - a workflow diagram to bring forth a clearer understanding of a process or series of parallel processes
- 2. HART Report
 - · Hospice Abstraction Reporting Tool
- 3. Pareto Diagram
 - a vertical bar graph in which values are plotted in decreasing order of relative frequency from left to right
- 4. Decision Matrix
 - a list of values in rows and columns that allows an analyst to systematically identify, analyze, and rate the performance of relationships between sets of values and information

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