**Chapter 1**

**Introduction to Health Care Information**

**Multiple Choice**

1. The number-one reason for maintaining patient records is:

a. Legal documentation

b. Communication

**c. Patient Care**

d. Billing and reimbursement

**Answer: pg. 9**

2. Which is generally not considered part of a patient’s medical record:

a. Problem list

b. Medication Record

c. Progress Notes

**d. Digital images or films**

**Answer pg. 12**

3. Medical records that are created and organized around the patient’s problems are known as:

a. Chronological organized medical records

b. “Source – oriented” medical records

c. Content Based Medical Records

**d. Patient Oriented Medical Records**

**Answer pg. 14 - 15**

4. A method for measuring performance that allows for the design of measurement systems that align with the organization’s strategy goals and examines multiple measures along several dimensions is known as:

a. Benchmarking

b. Outcome measures

**c. Balanced scorecard**

d. Clinical Value Compass

**Answer: pg. 37**

5. The category of statistics that are routinely gathered for health care executives are:

a. Census statistics

b. Discharge statistics

c.Mortality Statistics

**d. Both a and b**

**Answer: pg. 36**

6. Which standard billing form is submitted for health care provider services such as those provided by a physician’s office to third party payers:

a. UB-04

b. CMS-1450

**c. CMS-1500**

d. UB-82

**Answer: pg. 22**

7. What is a federally mandated standard assessment tool used to collect demographic and clinical information specifically about long-term care facility residents:

**a. MDS**

b. ACDS

c. UHDDS

d. HEDIS

**Answer: pg. 28**

8. The main source(s) of data that go into hundreds of aggregate reports or queries that are often developed and used by providers and executives in health care organizations are:

a. Patient records

b. Uniform billing information

c. Discharge data sets

**d. All of the above**

**Answer: pg. 33**

9. HEDIS measures are specifically used to measure and compare the performance of:

a. Hospitals

b. Skilled nursing facilities

c. Physician practices

**d. Health plans**

**Answer: pg. 40**

10. Which organization is responsible for investigating fraud involving government health insurance programs?

**a. OIG**

b. CMS

c. AMA

d. WHO

**Answer: pg. 33**

**True/False**

1. As part of the patient’s medical record, the identification form or face sheet is considered both a clinical and administrative document

**True**

False

**Answer: pg. 11**

2. CPT codes are published by the American Hospital Association (AHA) and updated each year

True

**False**

**Answer: pg. 31 (CPT codes are published by the American Medical Association (AMA))**

3. DRGs are used as the basis for determining appropriate inpatient reimbursement for Medicare, Medicaid, and other health care insurance beneficiaries

**True**

False

**Answer pg. 30**

4. Medicare cost reports are filed annually by all hospitals, physician offices, home health agencies, skilled nursing facilities, and hospices that accept Medicare or Medicaid.

True

**False**

**Answer pg. 35 (physician offices are not required to submit)**

5. Health care information systems and health care processes are unrelated and should be considered independently

True

**False**

**Answer: pg. 21 (processes are entwined)**

6. Centers for Medicare and Medicaid Services (CMS) currently requires health providers to submit claims electronically unless the provider qualifies for a waiver

**True**

False

**Answer: pg. 22**

7. CMS requires that all UB-04 claims include a valid 10 position unique National Provider Identifier (NPI) for each HIPAA-covered health care provider

**True**

False

**Answer pg. 24**

8. An electronic health record (EHR) is an electronic record of health-related information on an individual that can be managed, shared, and controlled by that individual

True

**False**

**Answer: pg. 6 (Personal health record)**

9. Medicare and Medicaid do not have the authority to access a patient’s medical record to confirm the accuracy of a filed claim by checking for documentation

True

**False**

**Answer: pg. 9 (CMS does have the authority to access a patient’s medical record to validate a claim)**

10. ACDS is a uniform data adopted by the federal government and used as the standard for Medicare and Medicaid programs specifically in an ambulatory and outpatient care settings

**True**

False

**Answer: pg. 28**

**Short answer/Essay**

*Name and describe some common sources of comparative data and explain their potential value to a health care manager.*

**Answer: pg. 38-43**