

Head Off Massive Financial Penalties for Innocent Self-Pay Billing Errors

Post-Test for
American Academy of Professional Coders
Continuing Education Units
from Healthcare Training Leader Webinar

(Post-Test Expires on 8/31/2022)

Speaker:

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Instructions:

Enclosed is your post-test for the E/M Documentation Guidelines: Bust Overpayments With Clean Claims webinar. This program meets AAPC guidelines for 1.0 CEU. On Demand product requires successful completion of a Post-Test for continuing education units. Please provide your contact information, answer the questions, and then submit your post-test to Healthcare Training Leader® by:

Mail: 2277 Trade Center Way, Suite 101, Naples, FL 34109,

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You must answer at least 70% of the questions correctly to receive your certificate of CEUs, which will be sent to you by email.

Contact Information:

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Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

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Questions:

1. Do Medicare providers who are non-participating have to charge patients only the Medicare Rate?
 - a. Yes
 - b. No
2. Because I do not bill Medicare, I can charge my self-pay patients whatever I would like all the time, even if they have commercial insurance.
 - a. True
 - b. False
3. What patient right under HIPAA allows a Medicare patient to request cash or self-pay?
 - a. The right to restrict disclosures to the patient's insurance company
 - b. The right to amend health care information
 - c. The right to an accounting of disclosures
 - d. The right to receive confidential communications
4. What was a factor in the Office of the Inspector General's Advisory Opinion approving a prompt pay discount?
 - a. The hospital must advertise the discount program widely.
 - b. The cost of the prompt pay program would be passed on to Medicare or Medicaid.
 - c. The discount must be for at least 20% of the total bill.
 - d. The amount of the fees discounted would bear a reasonable relationship to the amount of avoided collection costs.
5. What factors should be considered when assessing a patient for "genuine financial hardship" under the Anti-Kickback Statute?
 - a. (i) the local cost of living; (ii) a patient's mortgage payments; (iii) a patient's number of dependents; and (iv) the scope and extent of a patient's medical bills
 - b. (i) the national cost of living; (ii) a patient's family size; (iii) the scope and extent of a patient's medical bills; and (iv) the financial stability of the medical practice
 - c. (i) the local cost of living; (ii) a patient's income, assets, and expenses; (iii) a patient's family size; and (iv) the scope and extent of a patient's medical bills
 - d. (i) a patient's employment history; (ii) a patient's home value; (iii) a patient's family size; (iv) the amount of the patient's medical bills

6. Why should you watch out for “most favored nation” clauses in your commercial contracts?
 - a. They might forbid you from accepting self-pay patients
 - b. They might require you to charge self-pay patients with that insurance no less than the insurance company rates
 - c. They might require you to work in a certain area of the world
 - d. They might forbid you from working with other commercial payors
7. In what circumstance is it appropriate to issue an Advanced Beneficiary Notice?
 - a. To all patients at the beginning of their treatment on a routine basis
 - b. After providing a service to a patient and Medicare has denied the claim
 - c. To non-Medicare patients who want to pay in cash
 - d. In situations where Medicare payment is expected to be denied for a Medicare fee-for-service beneficiary, prior to the service being performed
8. What laws and documents must your practice consider prior to offering any sort of prompt-pay or cash-pay discount to your patients?
 - a. State and Federal fraud and abuse laws as well as HIPAA and relevant commercial contracts
 - b. Federal fraud and abuse laws and commercial contracts only
 - c. The contract with the specific payor for the patient in question
 - d. None, we can charge whatever we would like
9. When does the Anti-Kickback Statute apply to discounts given to uninsured patients who are unable to pay their medical bills?
 - a. When the discount is over 50% of the bill total
 - b. When the discount is for a hospital service
 - c. When the discounts can be linked in any manner to the generation of business payable by a federal health care program
 - d. When the discounts can be linked to professional courtesies
10. What are the possible penalties for billing improperly and violating the Anti-Kickback Statute?
 - a. \$5,000 administrative penalty and possible exclusion from Medicaid/Medicare
 - b. \$25,000 criminal penalty, \$50,00 administrative penalty, treble damages, possible exclusion from Medicaid/Medicare, and up to five years prison
 - c. \$100,000 criminal penalty, up to five years prison, and exclusion from Medicaid/Medicare
 - d. \$25,000 administrative penalty, treble damages, up to 10 years prison

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