

## Chapter 2 - Health Information Management Professionals

True / False

1. The American Health Information Management Association (AHIMA) and the Centers for Disease Control and Prevention (CDC) offer certification in coding.

- a. True
- b. False

ANSWER: False

2. A cancer registrar is a health care professional who has primary responsibility for ensuring the timely, accurate, and complete collection and maintenance of cancer data.

- a. True
- b. False

ANSWER: True

3. Inpatient coders usually obtain CCS certification, whereas physician office coders choose CCS-P and/or CPC certification.

- a. True
- b. False

ANSWER: True

4. Coding is the assignment of numbers to diagnosis, services, and procedures, based on patient record documentation.

- a. True
- b. False

ANSWER: True

5. The abbreviation ACMCS means the American College of Medical Coding Supervisors.

- a. True
- b. False

ANSWER: False

6. AHIMA requires registered health information technicians (RHITs) to submit proof of continuing education hours every two years.

- a. True
- b. False

ANSWER: True

7. The CPC and CPC-H credentials are offered through the American Health Information Management Association.

- a. True
- b. False

ANSWER: False

8. AHIMA's coding credentials include the CPC-P.

- a. True
- b. False

ANSWER: False

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9. The responsibility for gathering information concerning general liability incidents belongs to the utilization manager.

- a. True
- b. False

ANSWER: False

10. A privacy officer oversees activities that relate to the development, implementation, maintenance of, and adherence to the organization's policies and procedures covering privacy of and access to patient health information.

- a. True
- b. False

ANSWER: True

11. A coding and reimbursement specialist collects cancer data from a variety of sources and reports cancer statistics to government and health care agencies.

- a. True
- b. False

ANSWER: False

12. The American Association of Professional Coders offers the Certified Professional Coder Certification and the Certified Coding Associate Certification.

- a. True
- b. False

ANSWER: False

13. A cancer registrar is also known as a tumor registrar.

- a. True
- b. False

ANSWER: True

14. A health insurance specialist reviews health-related claims to determine whether the costs for health care services are reasonable and to determine medical necessity.

- a. True
- b. False

ANSWER: True

15. A professional practice experience is also known as an externship or internship.

- a. True
- b. False

ANSWER: True

16. Medical assistants perform routine administrative and clinical tasks such as answering telephones and scheduling appointments.

- a. True
- b. False

ANSWER: True

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17. Many medical transcriptionists work at home using the internet.

- a. True
- b. False

ANSWER: True

18. A medical office manager usually earns a bachelor's degree from a technical college.

- a. True
- b. False

ANSWER: False

19. Privacy officers assure that an organization's policies and procedures covering privacy of and access to patient health information are in compliance with federal and state laws.

- a. True
- b. False

ANSWER: True

20. A case manager is responsible for coordinating patient care to ensure timely discharge or transfer of patients.

- a. True
- b. False

ANSWER: True

21. Student professional practice experiences are usually paid and benefit both the student and the facility.

- a. True
- b. False

ANSWER: False

22. Breach of patient confidentiality can result in termination from a professional practice site.

- a. True
- b. False

ANSWER: True

23. A listserv is an internet-based or email discussion that covers a variety of topics and issues.

- a. True
- b. False

ANSWER: True

24. Sam is a health information management student who wishes to learn more about AHIMA. To best accomplish this, he can join AHIMA at a reduced student rate.

- a. True
- b. False

ANSWER: True

25. A coding and reimbursement specialists must have working knowledge of CPT and ICD-10-CM/ICD10-PCS coding systems.

- a. True

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b. False

ANSWER: True

26. A utilization manager is also known as a risk manager.

a. True

b. False

ANSWER: False

27. The American Academy of Professional Coders (AAPC) offers the RHIT and registered health information administrator (RHIA) certification examinations.

a. True

b. False

ANSWER: False

28. A claims examiner reviews health-related claims to determine whether the costs are reasonable and medically necessary.

a. True

b. False

ANSWER: True

### Multiple Choice

29. Medical assistants routinely perform which task?

a. Completing insurance claims

b. Writing prescriptions

c. Examining and treating patients

d. Documenting inpatient records

ANSWER: a

30. Which statement regarding the credentialing of a medical assistant is true?

a. Both the RMA and CMA credentials are obtained through the Association of Medical Technologists.

b. CMA credentialing is obtained through the American Association of Medical Assistants (AAMA).

c. CMA-eligible students can graduate from a program accredited by the United States Department of Education.

d. RMA-eligible students must graduate from a CAAHEP or ABHES accredited academic program.

ANSWER: b

31. Transcriptionists working in specialized areas are more likely to encounter speech recognition technology in the areas of

a. anesthesiology and nuclear medicine.

b. pathology and surgery.

c. radiology and pathology.

d. surgery and nuclear medicine.

ANSWER: c

32. Which credentials does AHIMA sponsor?

a. CMSC, CPCS

b. CPC, CPC-H

c. RHIT, RHIA

d. RMA, CMT

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ANSWER: c

33. A nursing home administrator places the following advertisement in a local newspaper: "Seeking a health care professional who has the ability to coordinate a program to ensure superior patient care, monitor and improve patient outcomes, monitor facility compliance with accreditation and regulatory standards, and coordinate preparation for surveys." The job title for this professional would be

- a. case manager.
- b. privacy officer.
- c. quality manager.
- d. risk manager.

ANSWER: c

34. AHIMA requires RHITs and RHIAs to submit proof of continuing education every

- a. year.
- b. two years.
- c. three years.
- d. four years.

ANSWER: b

35. The professional association that sponsors the Coding Specialist for Payors certification is the

- a. American College of Health Care Administrators.
- b. American Health Information Management Association.
- c. American College of Medical Coding Specialists.
- d. Professional Association of Health Care Office Managers.

ANSWER: c

36. A health care professional who oversees the development, implementation, maintenance of, and adherence to the organization's policies that cover the safeguarding of patient health information is called a

- a. case manager.
- b. privacy officer.
- c. quality manager.
- d. risk manager.

ANSWER: b

37. Suzy Staff's job responsibilities include coordinating patient care to ensure that patients receive timely discharge or transfer. Her job title is

- a. privacy officer.
- b. quality manager.
- c. risk manager.
- d. utilization manager.

ANSWER: d

38. A \_\_\_\_\_ manager is responsible for coordinating inpatient care to ensure the appropriate utilization of resources, delivery of health care services, and timely discharge or transfer.

- a. case
- b. risk
- c. house
- d. health service

ANSWER: a

39. The CPC, CPC-H, CPC-A, and CPC-H-A certifications are sponsored by

- a. AAPC.
- b. AHIMA.
- c. AMA.
- d. ACMCS.

ANSWER: a

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40. The abbreviation PCS means
- a. primary care supervisor.
  - b. primary coding specialist.
  - c. professional care supervisor.
  - d. professional coding specialist.

ANSWER: d

41. The CSP certification is offered by
- a. AAPC.
  - b. AHIMA.
  - c. ACMCS.
  - d. AMA.

ANSWER: c

### Completion

42. The collection of cancer data from a variety of sources and the reporting of cancer statistics to government and health care agencies, is performed by a(n) \_\_\_\_\_.

ANSWER: cancer registrar

43. The coding systems that a coding and reimbursement specialist will use on the job include CPT, HCPCS, and \_\_\_\_\_.

ANSWER: ICD-10-CM/ICD-10-PCS

44. The three professional associations that offer coding credentials are AHIMA, \_\_\_\_\_, and ACMCS.

ANSWER: AAPC

45. Health information managers are considered experts in managing patient information, administering computer information systems, and assigning \_\_\_\_\_ to patient diagnoses and procedures.

ANSWER: codes

46. A health insurance specialist reviews health-related claims to determine whether the costs are reasonable and medically necessary given the patient's diagnosis. This position is also called a \_\_\_\_\_.

ANSWER: claims examiner

47. The abbreviation RMT means \_\_\_\_\_.

ANSWER: registered medical transcriptionist

48. All states and the District of Columbia require nursing home administrators to have a bachelor's degree, complete a state-approved training program, pursue continuing education, and \_\_\_\_\_.

ANSWER: pass a licensing examination

49. Medical assistants perform routine administrative and clinical tasks to keep the offices and clinics of \_\_\_\_\_, podiatrists, chiropractors, and optometrists running smoothly.

ANSWER: physicians

50. During the professional practice experience, students receive \_\_\_\_\_ experience prior to graduation.

ANSWER: on-the-job

51. A student can be terminated from the professional practice site, receive a failing grade for the professional practice course, and even be suspended and/or receive expulsion from an academic program because of \_\_\_\_\_.

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ANSWER: breach of patient confidentiality

### Subjective Short Answer

52. Describe the areas in which a health information management consultant might specialize, and list tasks they might perform.

ANSWER: Health information management consultants can specialize in coding, long-term care, information security, and ambulatory care. They provide assistance (e.g., backlog coding projects), advice (e.g., coding validation studies to determine staff training needs), and information (e.g., credentialed person who consults for a long-term care facility) to clients.

53. The professional practice supervisor of Sally Student overheard Sally discussing confidential patient information with a friend. List the consequences that Sally will face as a result of this breach of confidentiality.

ANSWER: Sally may be terminated from the professional practice site, receive a failing grade for the professional practice course, and face possible suspension and/or expulsion from her academic program.

54. Summarize student responsibilities during the professional practice experience.

ANSWER: During the professional practice experience, students are expected to report to work according to the schedule established by the professional practice supervisor. If a student cannot attend on a particular day or will arrive late, the student should call in. Students will be required to make up any lost time. Students are also expected to be well-groomed and to dress professionally. In addition, it is very important that students act interested in all aspects of the experience, develop good working relationships with coworkers, and react appropriately to criticism and direction. Students should discuss with their professional practice supervisor and/or instructor any issues that arise during the experience that cause concern.

55. Compare the job functions of a privacy officer and a quality manager.

ANSWER: A privacy officer oversees all ongoing activities related to the development, implementation, maintenance of, and adherence to the organization's policies and procedures covering privacy of and access to patient health information in compliance with federal and state laws and the health care organization's information privacy practices. A quality manager coordinates a health care facility's quality improvement program to ensure quality patient care, improve patient outcomes, confirm accreditation/regulatory compliance, and prepare for surveys.

56. Snow Valley Hospital has a job opening for a utilization manager. Explain the responsibilities of a utilization manager and why a health information manager would be a good candidate for this position.

ANSWER: A utilization manager is responsible for coordinating patient care to ensure the appropriate utilization of resources, delivery of health care services, and timely discharge or transfer. Because health information managers have extensive knowledge of coding and reimbursement systems, and such knowledge is needed by some utilization managers, health information managers make good candidates for this position.

57. Discuss the specific credential requirements for nursing home administrators.

ANSWER: All states and the District of Columbia require nursing home administrators to have a bachelor's degree, pass a licensing examination, complete a state-approved training program, and pursue continuing education. The American College of Health Care Administrators (ACHCA) offers the Certified Nursing Home Administrator (CNHA) credential, which is endorsed by the National Association of Boards of Examiners for Long Term Care Administrators (NAB) as an option for state licensure reciprocity.

58. Distinguish between the job titles typically held by RHITs and RHIAs.

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*ANSWER:* Job titles for RHITs include health data analyst, insurance claims analyst, records technician specialist, clinical coding specialist, physician practice manager, and patient information coordinator. RHIA job titles include department director, system manager, data quality manager, information security officer, educator, and consultant.

59. List the types of businesses that employ health insurance specialists, and discuss the job functions of these specialists.

*ANSWER:* Health insurance specialists are employed by insurance companies, third-party administrators, and managed-care companies. A health insurance specialist (or claims examiner) reviews health-related claims to determine whether the costs are reasonable and medically necessary given patient's diagnosis, and will also verify claims against third-party payer guidelines to authorize payment.

60. Define the role of the health services manager..

*ANSWER:* A health services manager is an individual who plans, directs, coordinates, and supervises the delivery of health care. The title includes specialists who direct clinical departments or services and generalists who manage an entire facility or system.

61. List the organization that sponsors the Certified in Health Care Quality and Management credential.

*ANSWER:* American Board of Quality Assurance and Utilization Review Physicians, Inc.