



ACMPE BOARD CERTIFICATION FLASHCARDS

These printable Flashcards are a fun, interactive exercise to review areas of the Body of Knowledge for Medical Practice Executives as used on the ACMPE Board Certification exams. The content does not reflect the exams, but can remind you of the knowledge and skills you know and your readiness to test. The Board Certification exam requirements include the multiple choice, assessing the knowledge you hold, and the scenario-based, evaluating you can apply the knowledge.

 TRIM ALONG THE DOTTED LINES

FOLD ALONG SOLID LINE

QUESTION:

What is an unqualified audit opinion?

FINANCIAL MANAGEMENT

ANSWER:

An unqualified audit opinion is an independent auditor's judgment that a company's financial statements are fairly and appropriately presented, without any identified exceptions, and in compliance with generally accepted accounting principles (GAAP).

FINANCIAL MANAGEMENT

QUESTION:

What is CAQH?

FINANCIAL MANAGEMENT

ANSWER:

Council for Affordable Quality Healthcare (CAQH) is an online portal that stores provider information in a secure database. Access to this secured information is granted to health insurance companies during the credentialing process to make acquiring up-to-date provider information more efficient.

FINANCIAL MANAGEMENT

QUESTION:

What is the difference between a chart of accounts and a general ledger?

FINANCIAL MANAGEMENT

ANSWER:

The chart of accounts and the general ledger contain the same accounts. The difference is that the ledger accounts reflect monetary balances, while the chart of accounts does not.

FINANCIAL MANAGEMENT

DEFINE:

Chart of Accounts

FINANCIAL MANAGEMENT

DEFINITION:

The chart of accounts and the general ledger contain the same accounts. The difference is that the ledger accounts reflect monetary balances, while the chart of accounts does not.

FINANCIAL MANAGEMENT

DEFINE:

Limited Liability Company (LLC)

FINANCIAL MANAGEMENT

DEFINITION:

A hybrid type of legal structure that provides the limited liability features of a corporation and the efficiencies and operational flexibility of a partnership.

FINANCIAL MANAGEMENT

DEFINE:

Accounting Cycle

FINANCIAL MANAGEMENT

DEFINITION:

A sequence of accounting procedures used to record, classify, and summarize accounting information in financial reports at regular intervals.

FINANCIAL MANAGEMENT

DEFINE:

Preferred Provider Organization (PPO)

FINANCIAL MANAGEMENT

DEFINITION:

When health insurers negotiate contracts with health care providers to provide health care services for members at a favorable cost.

FINANCIAL MANAGEMENT

DEFINE:

Fraud

RISK AND COMPLIANCE

DEFINITION:

Health care fraud can be committed by medical providers, patients, and others who intentionally deceive the health care system to receive unlawful benefits or payments.

RISK AND COMPLIANCE

DEFINE:

Abuse

RISK AND COMPLIANCE

DEFINITION:

Abuse is defined as practices that are inconsistent with accepted sound fiscal, business, or medical practices, and result in an unnecessary cost or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.

RISK AND COMPLIANCE

DEFINE:

Adverse Event

RISK AND COMPLIANCE

DEFINITION:

An event in which care resulted in an undesirable clinical outcome—an outcome not caused by underlying disease—that prolonged the patient stay, caused permanent patient harm, required life-saving intervention, or contributed to death.

RISK AND COMPLIANCE

QUESTION:

Which of the following are *not* the three major Federal antitrust laws?

- A. Stark Law**
- B. Sherman Antitrust Law**
- C. Clayton Act**
- D. The Federal Trade Commission**

RISK AND COMPLIANCE

ANSWER:

- A. Stark Law

RISK AND COMPLIANCE

TRUE OR FALSE:

You can be terminated from employment if you file a Whistleblower Complaint.

RISK AND COMPLIANCE

ANSWER:

False

Whistleblower laws prohibit employers for retaliating against employees for in engaging in activates protected by law.

RISK AND COMPLIANCE

DEFINE:

Stark Law

RISK AND COMPLIANCE

DEFINITION:

The Physician Self-Referral Law, commonly referred to as the Stark law, prohibits physicians from referring patients to receive “designated health services” payable by Medicare or Medicaid from entities with which the physician or an immediate family member has a financial relationship, unless an exception applies.

RISK AND COMPLIANCE

TRUE OR FALSE:

A Code of Conduct is the same thing as written Policies and Procedures.

RISK AND COMPLIANCE

ANSWER:

False

A code of conduct is a set of values, rules, standards, and principles outlining what employers expect from staff within an organization.

RISK AND COMPLIANCE

TRUE OR FALSE:

It is only considered fraud if it is known that the action is illegal.

RISK AND COMPLIANCE

ANSWER:

False

It's also possible that an individual commits fraud intentionally, but without knowing it is illegal or thinking that what they are doing isn't substantial enough to be considered fraud.

RISK AND COMPLIANCE

QUESTION:

Healthcare compliance is made of all main areas except:

- A. Patient Safety**
- B. Patient Satisfaction**
- C. Patient Privacy**
- D. Billing of Services**

RISK AND COMPLIANCE

ANSWER:

- B. Patient Satisfaction**

RISK AND COMPLIANCE

QUESTION:

Which of the following sets of rules and regulations pertains to patient privacy:

- A. DEA**
- B. HHS**
- C. HIPAA**
- D. FDA**

RISK AND COMPLIANCE

ANSWER:

- C. HIPAA – The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient’s consent or knowledge.**

RISK AND COMPLIANCE

QUESTION:

OSHA is responsible for regulating what?

RISK AND COMPLIANCE

ANSWER:

Congress created the Occupational Safety and Health Administration (OSHA) to ensure safe and healthful working conditions for workers by setting and enforcing standards and by providing training, outreach, education and assistance.

RISK AND COMPLIANCE

QUESTION:

Which of the following would not be considered a designated service under the Stark Law?

- A. Physician ownership of a radiology facility**
- B. Physician ownership of a laboratory**
- C. Physician ownership of a durable medical equipment company**
- D. Physician ownership of a medical office building**

RISK AND COMPLIANCE

ANSWER:

- D. Physician ownership of a medical office building.**

RISK AND COMPLIANCE

QUESTION:

Under HIPPA regulations, what is the definition of a healthcare provider?

RISK AND COMPLIANCE

ANSWER:

A person or organization that provides, bills, or is paid for healthcare related services in the normal course of business.

RISK AND COMPLIANCE

QUESTION:

What is the NPDB?

RISK AND COMPLIANCE

ANSWER:

Established by Congress in 1986, the National Practitioner Data Bank (NPDB) is a cloud-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers.

RISK AND COMPLIANCE

QUESTION:

What are the three main objectives of internal controls?

RISK AND COMPLIANCE

ANSWER:

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

RISK AND COMPLIANCE

DEFINE:

Informed Consent

RISK AND COMPLIANCE

DEFINITION:

A patient must have sufficient information and understanding before making decisions about their medical care. Pertinent information may include risks and benefits of treatments, alternative treatments, the patient's role in treatment, and their right to refuse treatment.

RISK AND COMPLIANCE

DEFINE:

Medicare sanctions

RISK AND COMPLIANCE

DEFINITION:

Organizations and individuals that are excluded from Medicare, Medicaid and other federal healthcare programs.

RISK AND COMPLIANCE

QUESTION:

What is risk management?

RISK AND COMPLIANCE

ANSWER:

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

RISK AND COMPLIANCE

QUESTION:

What regulatory agency enforces Exclusions Statues in Healthcare?

ORGANIZATIONAL GOVERNANCE

ANSWER:

Office of Inspector General (OIG)

ORGANIZATIONAL GOVERNANCE

QUESTION:

What is an example of a Federal Health Program?

ORGANIZATIONAL GOVERNANCE

ANSWER:

Medicare (for the elderly), Medicaid (for low-income individuals and families), the Children's Health Insurance Program (CHIP), Veterans Health Administration (VHA), and the Indian Health Service (IHS).

ORGANIZATIONAL GOVERNANCE

QUESTION:

What is the name of a manual of parliamentary procedure for use in group meetings and organizations? It provides common rules and procedures for deliberation and debate in order to place the whole membership on the same footing and speaking the same language. It's commonly used in healthcare board meetings to ensure orderly and efficient decision-making.

ORGANIZATIONAL GOVERNANCE

ANSWER:

Robert's Rule of Order

ORGANIZATIONAL GOVERNANCE

This system simplifies the parliamentary procedure and is often preferred over Robert's Rules for its simplicity and flexibility.

ORGANIZATIONAL GOVERNANCE

Standard Code of Parliamentary Procedure

ORGANIZATIONAL GOVERNANCE

DEFINE:

Organizational Culture

ORGANIZATIONAL GOVERNANCE

DEFINITION:

Organizational culture in healthcare refers to the shared values, beliefs, and norms expressed by individuals within a healthcare organization. It shapes how staff interact with each other, with patients, and with the broader community. It can greatly influence the quality of care, patient satisfaction, and overall operational efficiency.

ORGANIZATIONAL GOVERNANCE

QUESTION:

What statement defines a healthcare organization's purpose and primary objective?

ORGANIZATIONAL GOVERNANCE

ANSWER:

Mission Statement

ORGANIZATIONAL GOVERNANCE

QUESTION:

A Vision Statement has what primary purpose?

ORGANIZATIONAL GOVERNANCE

ANSWER:

The vision of a healthcare organization provides a strategic direction and describes what the organization hopes to achieve in the future. It can involve goals related to patient care, community impact, technological advancement, or organizational growth. The vision inspires and motivates staff to work towards a common future.

ORGANIZATIONAL GOVERNANCE

QUESTION:

What statement represents the organization's core beliefs and ethical standards? They typically include principles like respect, integrity, compassion, excellence, and teamwork. These values shape the behavior and decision-making of staff and often form the backbone of the organization's culture.

ORGANIZATIONAL GOVERNANCE

ANSWER:

Values

ORGANIZATIONAL GOVERNANCE

QUESTION:

What role does leadership play in building a positive organizational culture?

ORGANIZATIONAL GOVERNANCE

ANSWER:

Leadership can build a positive organizational culture involves fostering open communication, recognizing and rewarding staff achievements, promoting teamwork, and ensuring that the organization's mission, vision, and values are consistently upheld.

ORGANIZATIONAL GOVERNANCE

QUESTION:

Non-profit, For-profit, partnerships, and sole-proprietorships are examples of what?

ORGANIZATIONAL GOVERNANCE

ANSWER:

Legal Structures

ORGANIZATIONAL GOVERNANCE

QUESTION:

What are the implications of legal structure in healthcare?

ORGANIZATIONAL GOVERNANCE

ANSWER:

The legal structure of a healthcare organization can have implications for taxation, liability, regulatory requirements, and governance.

ORGANIZATIONAL GOVERNANCE

QUESTION:

What framework does organizational management structure provide for an organization?

ORGANIZATIONAL GOVERNANCE

ANSWER:

The organizational management structure outlines the hierarchy of roles and responsibilities within a healthcare organization. It usually includes a board of directors at the top, followed by executive management (CEO, CFO, CMO), middle management, and frontline staff.

ORGANIZATIONAL GOVERNANCE

QUESTION:

What is the purpose of organizational management structure?

ORGANIZATIONAL GOVERNANCE

ANSWER:

Guides decision-making processes, work delegation, and lines of communication.

ORGANIZATIONAL GOVERNANCE

QUESTION:

What are the key elements on healthcare bylaws?

ORGANIZATIONAL GOVERNANCE

ANSWER:

1. Organizational structure and governance
2. Membership and qualifications of healthcare professionals
3. Decision-making processes and protocols
4. Policies for patient care, safety, and quality improvement
5. Procedures for credentialing, privileging, and disciplinary actions

ORGANIZATIONAL GOVERNANCE

QUESTION:

What is the governing tool promoting consistency and standardization in healthcare practices?

ORGANIZATIONAL GOVERNANCE

ANSWER:

Bylaws

ORGANIZATIONAL GOVERNANCE

DEFINE:

Organizational policy and procedure in healthcare

ORGANIZATIONAL GOVERNANCE

DEFINITION:

Organizational policies and procedures are established guidelines for operations and behavior within a healthcare organization. These ensure consistent practices, regulatory compliance, and quality control across the organization.

ORGANIZATIONAL GOVERNANCE

QUESTION:

What is the difference between a Policy and a Procedure?

ORGANIZATIONAL GOVERNANCE

ANSWER:

Policies provide a framework for decision-making, while procedures detail the steps to carry out specific tasks.

ORGANIZATIONAL GOVERNANCE

QUESTION:

What is the purpose of organizational governance?

ORGANIZATIONAL GOVERNANCE

ANSWER:

To provide strategic direction, oversight, and accountability for healthcare organizations, ensuring effective management and delivery of high-quality patient care.

ORGANIZATIONAL GOVERNANCE

The following duties are a responsibility of what body of the organization?

1. **Setting the vision, mission, and goals of the organization**
2. **Hiring and evaluating the performance of top-level executives, such as the CEO**
3. **Monitoring organizational performance and financial stability**
4. **Ensuring compliance with legal and regulatory requirements.**
5. **Safeguarding the interests of stakeholders, including patients, staff, and the community.**

ORGANIZATIONAL GOVERNANCE

ANSWER:

The Board of Directors

ORGANIZATIONAL GOVERNANCE

QUESTION:

What does the term population health refer to?

TRANSFORMATIVE HEALTHCARE DELIVERY

ANSWER:

This term refers to the health outcomes of a group of individuals, including the distribution of such outcomes within the group. It involves addressing a wide range of factors that impact the health of individuals over their lifetime.

TRANSFORMATIVE HEALTHCARE DELIVERY

QUESTION:

What is the role of a Care Coordinator?

TRANSFORMATIVE HEALTHCARE DELIVERY

ANSWER:

A care coordinator is a health professional who helps manage a patient's healthcare, particularly for those with complex health needs. Their goal is to facilitate effective communication among a patient's various healthcare providers and ensure the patient receives all necessary services.

TRANSFORMATIVE HEALTHCARE DELIVERY

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TRANSFORMATIVE HEALTHCARE DELIVERY

QUESTION:

What is the primary objective of the Correct Coding Initiative?

TRANSFORMATIVE HEALTHCARE DELIVERY

ANSWER:

The National Correct Coding Initiative (NCCI) promotes national correct coding methodologies and reduces improper coding which can lead to inappropriate payment in Part B claims.

TRANSFORMATIVE HEALTHCARE DELIVERY

QUESTION:

What do the acronyms MIPS, MACRA, and MSSP stand for and how do they promote value-based care?

TRANSFORMATIVE HEALTHCARE DELIVERY

ANSWER:

MIPS (Merit-based Incentive Payment System), MACRA (Medicare Access and CHIP Reauthorization Act), and MSSP (Medicare Shared Savings Program) are part of a move towards quality-based, value-based care, rewarding healthcare providers for the quality of care they provide rather than the number of patients they see.

TRANSFORMATIVE HEALTHCARE DELIVERY

DEFINE:

Accountable Care Organizations (ACO)

TRANSFORMATIVE HEALTHCARE DELIVERY

DEFINITION:

ACOs are groups of doctors, hospitals, and other health care providers who voluntarily coordinate care for Medicare patients to improve quality and reduce costs.

TRANSFORMATIVE HEALTHCARE DELIVERY

QUESTION:

What does payment reform refer to?

TRANSFORMATIVE HEALTHCARE DELIVERY

ANSWER:

Payment reform refers to the changes in the way healthcare providers are paid, moving from volume-based payments to value-based payments.

TRANSFORMATIVE HEALTHCARE DELIVERY

QUESTION:

What term can be defined by the following statement?

Differences in health outcomes and their causes among groups of people. Reducing these differences is a major goal of health policy and public health.

TRANSFORMATIVE HEALTHCARE DELIVERY

ANSWER:

Health Disparities

TRANSFORMATIVE HEALTHCARE DELIVERY

DEFINE:

Patient portal

TRANSFORMATIVE HEALTHCARE DELIVERY

DEFINITION:

A patient portal is a secure online website that gives patients convenient 24-hour access to personal health information from anywhere with an Internet connection.

TRANSFORMATIVE HEALTHCARE DELIVERY

QUESTION:

What term can be defined by the following statement?

Digital technologies to gather patient data outside of traditional healthcare settings. It can help improve patient outcomes and reduce healthcare costs.

TRANSFORMATIVE HEALTHCARE DELIVERY

ANSWER:

Remote Monitoring

TRANSFORMATIVE HEALTHCARE DELIVERY

QUESTION:

What is the role of a scribe?

TRANSFORMATIVE HEALTHCARE DELIVERY

ANSWER:

A professional who records patient encounters in real time as a documentation assistant for the physician.

TRANSFORMATIVE HEALTHCARE DELIVERY

QUESTION:

What term can be defined by the following statement?

These are conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes.

TRANSFORMATIVE HEALTHCARE DELIVERY

ANSWER:

Social Determinants of Health

TRANSFORMATIVE HEALTHCARE DELIVERY

COMPLETE THIS STATEMENT:

Health Equity means that everyone ...

TRANSFORMATIVE HEALTHCARE DELIVERY

ANSWER:

... has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences.

TRANSFORMATIVE HEALTHCARE DELIVERY

QUESTION:

What process can be described by the following statement?

Patient and their physician-led care team are cooperatively involved in ongoing healthcare management toward the shared goal of high quality, cost-effective medical care.

TRANSFORMATIVE HEALTHCARE DELIVERY

ANSWER:

Continuity of Care

TRANSFORMATIVE HEALTHCARE DELIVERY

DEFINE:

E-Health

TRANSFORMATIVE HEALTHCARE DELIVERY

DEFINITION:

E-health is a broad term that refers to the use of technology in healthcare, ranging from electronic health records and telehealth to wearable technologies and health apps.

TRANSFORMATIVE HEALTHCARE DELIVERY

QUESTION:

What is a bundled payment?

TRANSFORMATIVE HEALTHCARE DELIVERY

ANSWER:

A single payment for all services provided in a single episode of care. It's designed to incentivize cost containment and coordination of care.

TRANSFORMATIVE HEALTHCARE DELIVERY

This is a healthcare delivery model in which providers are paid based on patient health outcomes rather than the volume of services they deliver. The goal is to improve patient health while reducing healthcare costs.

TRANSFORMATIVE HEALTHCARE DELIVERY

Value-Based Care

TRANSFORMATIVE HEALTHCARE DELIVERY

QUESTION:

What is vertical integration?

TRANSFORMATIVE HEALTHCARE DELIVERY

ANSWER:

The consolidation of all functions that are at different stages of the value chain. In practical terms, it might involve a healthcare system that owns its own pharmacy, laboratory, imaging services, etc.

TRANSFORMATIVE HEALTHCARE DELIVERY

QUESTION:

What term refers to the use of complex algorithms and software to emulate human cognition in the analysis of complicated medical data?

TRANSFORMATIVE HEALTHCARE DELIVERY

ANSWER:

Artificial Intelligence (AI)

TRANSFORMATIVE HEALTHCARE DELIVERY

QUESTION:

What technology offers a secure, reliable and verifiable way to track individuals' health records, maintain the integrity of health information, and ensure privacy.

TRANSFORMATIVE HEALTHCARE DELIVERY

ANSWER:

Blockchain Technology

TRANSFORMATIVE HEALTHCARE DELIVERY

DEFINE:

Precision medicine

TRANSFORMATIVE HEALTHCARE DELIVERY

DEFINITION:

Precision Medicine is an emerging approach for disease treatment and prevention that takes into account individual variability in genes, environment, and lifestyle for each person.

TRANSFORMATIVE HEALTHCARE DELIVERY

QUESTION:

What is the process for categorizing the various jobs into classes called?

HUMAN RESOURCES MANAGEMENT

ANSWER:

Job classification

HUMAN RESOURCES MANAGEMENT

QUESTION:

What three steps are required for a job analysis?

HUMAN RESOURCES MANAGEMENT

ANSWER:

Job identification
Job description
Job qualifications

HUMAN RESOURCES MANAGEMENT

QUESTION:

What are the elements for retaining and maintaining top talent?

HUMAN RESOURCES MANAGEMENT

ANSWER:

Employment engagement
Continuing education
Competitive rewards and incentives

HUMAN RESOURCES MANAGEMENT

QUESTION:

What is a good practice for enhancing motivation and retention?

HUMAN RESOURCES MANAGEMENT

ANSWER:

Offering continuing education programs to noncertified or nonlicensed employees

HUMAN RESOURCES MANAGEMENT

QUESTION:

What is the primary source of data for managing, evaluating, and documenting human resource and employment-related activities?

HUMAN RESOURCES MANAGEMENT

ANSWER:

Employee records

HUMAN RESOURCES MANAGEMENT

QUESTION:

What are the benefits of effective onboarding and new employee orientation programs?

HUMAN RESOURCES MANAGEMENT

ANSWER:

Helps employees develop a self-identity and a team spirit, which contribute to healthy attitudes toward the medical group and can reduce absenteeism and employee turnover.

HUMAN RESOURCES MANAGEMENT

QUESTION:

What are the key elements of an effective performance management system?

HUMAN RESOURCES MANAGEMENT

ANSWER:

Management planning
Organization
Leading
Controlling performance

HUMAN RESOURCES MANAGEMENT

QUESTION:

When should an employer emphasize performance expectations?

HUMAN RESOURCES MANAGEMENT

ANSWER:

Up front, reinforce them consistently, and reward results regularly

HUMAN RESOURCES MANAGEMENT

QUESTION:

What is the purpose of a 360-degree evaluation?

HUMAN RESOURCES MANAGEMENT

ANSWER:

The purpose of a 360-degree review is to achieve more accurate feedback related to overall performance

HUMAN RESOURCES MANAGEMENT

QUESTION:

What is a performance standard/ performance standard method?

HUMAN RESOURCES MANAGEMENT

ANSWER:

A standard that focuses on general job-related factors that are applicable among all employees or across specific groups

HUMAN RESOURCES MANAGEMENT

QUESTION:

**What is a performance standard/
performance standard method?**

HUMAN RESOURCES MANAGEMENT

ANSWER:

A standard that focuses on general job-related factors that are applicable among all employees or across specific groups.

HUMAN RESOURCES MANAGEMENT

QUESTION:

**What is the purpose of a recognition
and rewards program?**

HUMAN RESOURCES MANAGEMENT

ANSWER:

A program to positively reinforce the desired on-the-job behavior, improve employee morale, and contribute to employee retention.

HUMAN RESOURCES MANAGEMENT

QUESTION:

**Why is it important for a medical
practice to have a training and
development policy?**

HUMAN RESOURCES MANAGEMENT

ANSWER:

Such policies communicate to employees the importance the practice places on employee training, education, development, and job enrichment.

HUMAN RESOURCES MANAGEMENT

QUESTION:

**What should be the aim of an effective
training and development program?**

HUMAN RESOURCES MANAGEMENT

ANSWER:

Improve performance and advance employee qualifications.

HUMAN RESOURCES MANAGEMENT

QUESTION:

Why is a performance appraisal mutually beneficial for the employee and organization?

HUMAN RESOURCES MANAGEMENT

ANSWER:

It measures and improves the performance of employees, and increases their future and value in the company through ongoing feedback, improving communication, understanding training needs, clarifying roles and responsibilities, and determining how to allocate rewards.

HUMAN RESOURCES MANAGEMENT

QUESTION:

Why is it important to have certain rules and regulations that govern employees' conduct and behavior?

HUMAN RESOURCES MANAGEMENT

ANSWER:

It is necessary for the orderly operations of the medical practice, and ensures the protection and safety for employees and patients.

HUMAN RESOURCES MANAGEMENT

QUESTION:

What is professional development?

HUMAN RESOURCES MANAGEMENT

ANSWER:

It is the process of enhancing skills and improving knowledge, and taking advantage of ongoing learning inside and outside of the organization that supports an individual in their ability to perform their duties and grow professionally.

HUMAN RESOURCES MANAGEMENT

QUESTION:

What are four elements that may be included in a medical practice's code of conduct?

HUMAN RESOURCES MANAGEMENT

ANSWER | ANY OF THE FOLLOWING:

- Conflicts of interest
- Confidentiality of sensitive data
- Gratuities and gifts from patients and vendors
- Attendance/Absenteeism
- Media relations
- Coworker relations
- Business travel
- Carelessness and negligence
- Collections of money/gifts
- Destruction or vandalism of property
- Disorderly conduct
- Dress code
- Housekeeping
- Insubordination
- Intent to harm

HUMAN RESOURCES MANAGEMENT

QUESTION:

What government agencies mandate and enforce laws that affect nearly every human resource management policy?

HUMAN RESOURCES MANAGEMENT

ANSWER:

U.S. Department of Labor (DOL) and Equal Employment Opportunity Commission (EEOC) enforce the federal employment laws.

HUMAN RESOURCES MANAGEMENT

QUESTION:

When does The Fair Labor Standards Act of 1938 (FLSA) exclude the requirement of counting an employee's activity as compensable working time at training programs, meetings, lectures, and other similar activities?

HUMAN RESOURCES MANAGEMENT

ANSWER:

When the following criteria are met:

- Attendance is outside of the employee's regular working hours;
- Attendance is voluntary;
- The training is not job related; and
- The employee does not perform any work during such attendance.

HUMAN RESOURCES MANAGEMENT

QUESTION:

What method does an employer use to measure employee's engagement, increase awareness of employee's perception of the organization, and discover opportunities for improving the workplace environment?

HUMAN RESOURCES MANAGEMENT

ANSWER:

Employee satisfaction survey

HUMAN RESOURCES MANAGEMENT

TRUE OR FALSE:

To allow an outside entity to have access to protected information under its control, a medical practice should complete a Business Associate Agreement.

OPERATIONS MANAGEMENT

ANSWER:

True

A Business Associate Agreement should be completed by a practice to allow an outside entity to have access to protected information under its control.

OPERATIONS MANAGEMENT

QUESTION:

What four stages are included in a disaster recovery plan?

OPERATIONS MANAGEMENT

ANSWER:

Preparation
Mitigation
Response
Recovery

OPERATIONS MANAGEMENT

TRUE OR FALSE:

The four Ps of in marketing are: Price, Promotion, Placement, and Position.

OPERATIONS MANAGEMENT

ANSWER:

False

The four Ps of marketing are: Price, Promotion, Placement, and Product

OPERATIONS MANAGEMENT

QUESTION:

A business strategy to identify and market to a specifically defined market segment is known as:

- A. Marketing**
- B. Business Agreement**
- C. Segmentation**
- D. Target Marketing**

OPERATIONS MANAGEMENT

ANSWER:

D. Target Marketing

OPERATIONS MANAGEMENT

TRUE OR FALSE:

A standard for which something is measured is a benchmark.

OPERATIONS MANAGEMENT

ANSWER:

True

A benchmark is a standard for which something is measured.

OPERATIONS MANAGEMENT

QUESTION:

What is the fee schedule that Medicare uses for more than 7,000 physician services which ranks on a common scale of resources used to determine the rate of each service provided, such as the provider's work, medical practice's expenses, and liability insurance?

OPERATIONS MANAGEMENT

ANSWER:

Relative Value Unit (RVU)

OPERATIONS MANAGEMENT

QUESTION:

The fundamental responsibility of the governing body when addressing physician impairment is:

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

OPERATIONS MANAGEMENT

ANSWER:

c. Patient safety

OPERATIONS MANAGEMENT

TRUE OR FALSE:

When searching for new office technology, best practice dictates input from all staff and departments that will be affected by the system change be included.

OPERATIONS MANAGEMENT

ANSWER:

True

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

OPERATIONS MANAGEMENT

QUESTION:

What is the purpose of a quality management tool?

OPERATIONS MANAGEMENT

ANSWER:

Identify recurring common problems and the root causes of the problems.

OPERATIONS MANAGEMENT

TRUE OR FALSE:

Decision matrix, run chart, process map, etc. Are examples of quality management tools.

OPERATIONS MANAGEMENT

ANSWER:

True

Decision matrix, run chart, process map, Pareto diagram are examples of a quality management tool.

OPERATIONS MANAGEMENT

QUESTION:

What are the vital components of a quality assurance program?

OPERATIONS MANAGEMENT

ANSWER:

Structures, processes, and outcomes.

OPERATIONS MANAGEMENT

QUESTION:

What are Lean methods of process improvement?

OPERATIONS MANAGEMENT

ANSWER:

Plan, Do, Study, Act (PDSA)
Value Stream Map (VSM)
Kaizen Event
Gemba Walk

OPERATIONS MANAGEMENT

QUESTION:

What is the role of an organization's mission and vision in its strategic management process?

OPERATIONS MANAGEMENT

ANSWER:

Identifying strategic objectives

OPERATIONS MANAGEMENT

QUESTION:

What is the purpose of a Strength, Weakness, Opportunity, Threat (SWOT) analysis?

OPERATIONS MANAGEMENT

ANSWER:

A SWOT analysis helps find the best match between external environmental trends and internal capabilities.

OPERATIONS MANAGEMENT

QUESTION:

What elements are required of a healthcare leader for effective strategic planning?

OPERATIONS MANAGEMENT

ANSWER:

The ability to synthesize data from disparate inputs, formulate a plan, and communicate the plan to stakeholders.

OPERATIONS MANAGEMENT

QUESTION:

What are three examples of cost categories that compose the operating costs?

OPERATIONS MANAGEMENT

ANSWER | ANY OF THE FOLLOWING:

- Drug supplies
- Medical and surgical supplies
- Building and occupancy costs
- Furniture and equipment
- Administrative supplies and services
- Clinical lab tests
- Radiology and imaging costs
- Management fees
- Employee benefits and salaries
- Nonphysician provider benefits and salaries

OPERATIONS MANAGEMENT

QUESTION:

Why is it important for a medical practice to implement an inventory control plan?

OPERATIONS MANAGEMENT

ANSWER:

To keep supplies organized, accessible, and easily inventoried

OPERATIONS MANAGEMENT

QUESTION:

What is the process that ensures a medical practice obtains the right goods and services at the right time to meet the needs of patients, providers, and staff members?

OPERATIONS MANAGEMENT

ANSWER:

The purchasing cycle

OPERATIONS MANAGEMENT

QUESTION:

Which federal agency establishes guidelines and regulations to ensure the safety of patients, staff, and visitors?

OPERATIONS MANAGEMENT

ANSWER:

Occupational Safety and Health Administration (OSHA)

OPERATIONS MANAGEMENT

TRUE OR FALSE:

A successful IT plan helps improve efficiency and ensure outstanding service and clinical quality.

OPERATIONS MANAGEMENT

ANSWER:

True

To improve the efficiency and ensure outstanding service and clinical quality, a medical practice must have a successful IT plan.

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