1. **Explain the concept of a corporate integrity agreement (CIA) and the role a consultant might play when such an agreement is in effect.**

   **Answer:**

   When a pattern of improper payments indicates possible fraud or abuse, a provider may enter into a corporate integrity agreement (CIA) as part of a settlement with the Office of the Inspector General (OIG) to avoid defending itself against fraud or abuse charges. In this circumstance, the provider may contract with the consultant as an independent reviewer to meet the OIG’s requirements for ongoing monitoring and training in appropriate coding.

2. **Describe desirable characteristics of a consultant.**

   **Answer:**

   Examples of characteristics that may be listed by students:

   - Has extensive previous experience
   - Is an excellent communicator
   - Possesses leadership skills
   - Has appropriate credentials
   - Has a good reputation
   - Is trustworthy
   - Is hardworking
   - Is honest
   - Is able to
     - write proposals
     - solve problems
Final Study Guide

- train staff
- perform research (qualitative and quantitative)
- deal well with complexity and chaos

- Is self-confident
- Is self-reliant
- Is disciplined
- Is resilient
- Is financially astute
- Possesses interpersonal intelligence

3. Explain the basis for the consultant’s power in a consulting situation.
   Answer:

   The consultant’s power is based on influence and expertise, not on organizationally mandated authority.

4. Explain the factors a consultant should consider in setting fees.
   Answer:

   What will it cost the consultant to provide services? What will the market bear? What is the consultant’s reputation based on the testimony and referrals of others.

5. What three characteristics are required for an organization to qualify as an HMO?
   Answer:

   The HMO must be an organized system for providing health care or otherwise assuring health care delivery in a geographic area, have an agreed upon set of basic and supplemental health maintenance and treatment services, and serve a voluntarily enrolled group of people.
6. What does the abbreviation PMPM mean and why is it important in managed care?

   Answer:
   
PMPM means per member per month. PMPM is used to describe the amount of money paid for the monthly capitation rate per patient, a frequently used reimbursement method in managed care.

7. What two benefits will the MCO realize from using on-line referral processing?

   Answer:
   
   a. It allows the MCO to direct patients to appropriate providers in the network.
   
   b. It allows the MCO to estimate future expenses associated with the referred care.

8. Who performs regular surveys of dialysis facilities? Who performs validation surveys of dialysis facilities?

   Answer:
   
   State surveyors perform regular surveys; federal surveyors perform validation surveys.

9. What are possible roles for the health information manager in organizations dealing with end-stage renal disease?

   Answer:
   
   HIM professionals practice in a variety of roles in end-stage renal disease health care. HIMs can serve as full-time medical record practitioners or as part-time consultants to ESRD facilities. ESRD networks also employ HIMs as medical record coordinators, data coordinators, patient review coordinators, quality managers, and executive
10. Define leadership.

Answer:

Leadership has been defined as an influence process. Any time an individual attempts to persuade others toward goal accomplishment he or she is practicing leadership.

11. Describe why a consultant should not enter into a “contingency” contract with a client.

Answer:

A contingency contract is one in which the consultant’s fees are based on increasing reimbursement (for example, the client pays the consultant a percentage of the increased revenue). To guard against bias in findings, the consultant should not enter into a contingency contract with a client, as this arrangement may provide an incentive for unethically increasing revenues.

12. What are some of the changes that have affected hospitals during the twentieth and twenty-first centuries?

Answer:

• Increases in hospital costs

• Medicare, Medicaid, and CHIP

• The emergence of health maintenance organizations

• Shifts from independent to network health care providers
13. **List and describe three different types of hospital outpatients.**

Answer:

- Clinic outpatient—an outpatient treated in an organized clinic of the hospital in which hospital staff evaluate the patient and manage his or her care
- Referred outpatient—an outpatient who is referred to the hospital for specific services such as laboratory or radiology examinations
- Emergency outpatient—an outpatient evaluated and treated in the emergency department of the hospital

14. **List and describe five different types of outpatient services.**

Answer:

- Ambulatory surgery services—surgical procedures performed on an outpatient basis
- Emergency care services—emergency care in which the patient is treated and released
- Observation services—services provided by a hospital that involve the monitoring of patients on an outpatient basis to determine if inpatient care is needed
- Ancillary services—testing services provided by the hospital on an outpatient basis
- Partial hospitalization program—an intensive treatment program in which patients receive services for part of each day. These patients would otherwise require inpatient psychiatric care