

**Contestant Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HEALTH INSURANCE & MEDICAL BILLING-PILOT**

(605)

**REGIONAL 2022**

**CONCEPT KNOWLEDGE:**

Multiple Choice (15 @ 2 points each) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (30 points)

Matching (10 @ 2 points each) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (20 points)

**APPLICATION KNOWLEDGE:**

Form Completion (50 @ 1 point each) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (50 points)

**TOTAL POINTS:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (100 points)

**Test Time: 60 minutes**

**GENERAL GUIDELINES:**

*Failure to adhere to any of the following rules will result in disqualification:*

1. Member must hand in this test booklet and all printouts, if any. Failure to do so will result in disqualification.
2. No equipment, supplies, or materials other than those specified for this event are allowed in the testing area. No previous BPA tests and/or sample tests (handwritten, photocopied, or keyed) are allowed in the testing area.
3. Electronic devices will be monitored according to ACT standards.

**Multiple Choice**Select the letter that *best* answers the question.

1. Health insurance that is provided through an employer is known as \_\_\_\_\_\_\_.
   1. government sponsored
   2. company sponsored
   3. parent sponsored
   4. individual sponsored
2. The purpose of health insurance is to \_\_\_\_\_\_\_.
   1. help pay for the cost of healthcare services
   2. keep the patient healthy
   3. provide access to healthcare
   4. all are correct
3. Coinsurance is what a patient pays for a covered healthcare service, AFTER their deductible is met.
   1. True
   2. False
4. Prior authorizations are required for all healthcare services.
   1. True
   2. False
5. If a patient has a $20 copay for all office visits, and a 20% coinsurance for all procedures. What would a patient pay for an office visit with a $500 procedure?
   1. $80
   2. $100
   3. $120
   4. $140
6. When an insurance company reviews a proposed healthcare service before that service is provided, and then provides an approval or denial for that service, this is called \_\_\_\_\_\_\_.
   1. review
   2. prior authorization
   3. insurance process
   4. both a review and prior authorization
7. Medical records can be accessed by which of the following individuals?
   1. The patient
   2. The patient’s representative
   3. Healthcare providers involved in the patient’s care
   4. All are correct
8. Cost-share refers to the \_\_\_\_\_\_\_.
   1. amount insurance pays towards covered health services
   2. amount the patient pays towards covered health services
   3. total amount paid by patient and insurance towards health services
   4. total amount billed by a healthcare provider for health services
9. A patient has a $1,000 deductible and a 30% coinsurance for a $10,000 covered procedure. How much must the patient pay for this procedure?
   1. $3,700
   2. $2,700
   3. $4,000
   4. $3,000
10. The form CMS 1500 is used to \_\_\_\_\_\_\_.
    1. submit medical records to insurance companies
    2. submit claims to insurance companies
    3. process lab results
    4. None of these are correct

1. A patient is considered an “inpatient” at a healthcare facility when \_\_\_\_\_\_\_.
   1. Their doctor has checked them in
   2. The patient stays overnight at a healthcare facility
   3. The patient goes to the emergency room
   4. The doctor classifies them as inpatient
2. Place of service codes are used to designate \_\_\_\_\_\_\_.
   1. where healthcare services took place
   2. where a surgery is scheduled
   3. where a patient’s home is located
   4. none of these are correct
3. A patient can be billed a copay, coinsurance, and deductible for the same healthcare service.
   1. True
   2. False
4. Secondary insurance means that the patient has only one insurance plan.
   1. True
   2. False
5. Revenue Cycle Management refers to \_\_\_\_\_\_\_.
   1. a financial process that tracks patient accounts from initial registration to final balance payment
   2. a financial process that tracks money received by a physician’s office
   3. a management process that tracks payments made to vendors
   4. the process of managing a revenue for a hospital

**Matching**

Match the term with the *best* definition.

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_ | 1. Claim | 1. A payment method that pays healthcare providers based on each service performed |
| \_\_\_\_\_\_\_\_\_\_\_ | 1. Coinsurance | 1. When an insurance company will not pay for a healthcare service |
| \_\_\_\_\_\_\_\_\_\_\_ | 1. Fee for service | 1. A provider or facility who has a contract with a health insurance company |
| \_\_\_\_\_\_\_\_\_\_\_ | 1. High deductible health plan | 1. A request for payment submitted to health insurance |
| \_\_\_\_\_\_\_\_\_\_\_ | 1. In-network | 1. Health services that are not required emergently |
| \_\_\_\_\_\_\_\_\_\_\_ | 1. Denial | 1. The person ultimately responsible for the cost of health services |
| \_\_\_\_\_\_\_\_\_\_\_ | 1. DOS | 1. The percentage of costs paid by the patient after the deductible is paid |
| \_\_\_\_\_\_\_\_\_\_\_ | 1. Elective service | 1. Date of service |
| \_\_\_\_\_\_\_\_\_\_\_ | 1. Guarantor | 1. Insurance plan with a higher than average deductible and a lower monthly premium |
| \_\_\_\_\_\_\_\_\_\_\_ | 1. PCP | 1. Primary care physician |

***Instructions****: Review the History and Physical form below and complete the Health Insurance Claim form (CMS-1500) on the following page from the information provided. Please note that some items on the CMS-1500 will be left blank and some information will be required in multiple spaces. When the form is complete, sign and date the physician’s name on the form.*

**Patient Name**: Jill Turney

**Date of Birth**: March 18, 1984

**Address**: 992 View Street, San Diego, CA 99211

**Phone Number**: 619-324-9955

**Account Number:** 321654

**Primary Insurance Provider**: United Healthcare **Primary ID Number**: 97651234

**Primary Group Number**: 4532 **Primary Group Name**: San Diego State

**Secondary Insurance:** None

**Chief Complaint/Diagnosis Code**: Novel Influenza A/JO9.X2

**History of Present Illness**: The female patient presented today, January 28, 2022, with complaints of coughing, fever, bodily chills and difficulty breathing. The patient was diagnosed with Influenza A after a nasal swab test by Andrew Chang, M.D. (NPI: 132456789). A comprehensive new patient exam was provided (CPT: 99204) along with nasal swab for influenza A and B (CPT: 87804). This condition will prevent the patient from working until February 10, 2022.

**Billing Information:** The patient’s only insurance plan (Gold Standard) is provided through her work at San Diego State University with United Healthcare. The charge for today’s visit is $100 for the exam and $50 for the influenza test. The place of service is the office (POS code: 02, Facility NPI: 132435467) located at 32 Balboa Ave, San Diego, CA 92111. There is no authorization required for this service. The doctor’s tax ID number (EIN) is 473512345. The patient’s signature is on file for this and all future claim submissions.

Table

Description automatically generated