

**UWHC RISK MANAGEMENT EDUCATION  
ON-LINE PROGRAM POST-QUESTIONS / EVALUATION**

**ACTIVITY: Utilization Review Update – January 2015**

**OBJECTIVES:** Develop basic familiarity with Medicare regulations for determining hospitalization status; Develop understanding of specific regulations related to hospitalization orders; Learn to recognize common pitfalls in documentation for hospital patients


**SPEAKER: Dr. Bart Caponi, UWHC Medical Director for Case Management**

<b><u>Post-Program Questions:</u></b>	
1) Observation is considered an outpatient service by Center for Medicare / Medicaid Services (CMS) thus the amount covered is different than inpatient and generally equates to less coverage of charges for services.	True <input type="checkbox"/> False <input type="checkbox"/>
2) Observation status (OBS): a. <input type="checkbox"/> Saves CMS money b. <input type="checkbox"/> Costs patients more c. <input type="checkbox"/> Costs hospital more d. <input type="checkbox"/> Based on the number of midnights the patient is expected to stay in the hospital (one) e. <input type="checkbox"/> Is only for Emergency Department patients f. <input type="checkbox"/> a,b,c, and d only	
3) Recovery Audit Contractors (RACs) audit patient charts to determine if the healthcare organizations are billing correctly for services.	True <input type="checkbox"/> False <input type="checkbox"/>
4) Exceptions to the CMS two midnight requirement a. <input type="checkbox"/> Patient is acutely intubated b. <input type="checkbox"/> Patient dies or opts for hospice c. <input type="checkbox"/> Patient leaves AMA d. <input type="checkbox"/> Patient transferred to another hospital e. <input type="checkbox"/> Inpatient-only procedure f. <input type="checkbox"/> Medical miracle	
5) Admission orders must be specific and initial documentation must include need for inpatient status, expected duration of stay based on complexity, severity and necessary care.	True <input type="checkbox"/> False <input type="checkbox"/>

Do you anticipate changes in your practice as a result of the materials presented? Yes  No

Comments and topics you recommend be included in future activities? \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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