

GE Healthcare

# TiP-TV<sup>®</sup> Training in Partnership Program Supplement and Test for Imaging Professionals

## Leadership Education

## Issues in Radiology Management – Part I

Publication Date: November 6, 2008

1.0 ASRT-approved Category A CE Credit



imagination at work

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## Program Summary

This page provides an overview of the program content and learning objectives. Please refer to the Table of Contents for a detailed list of the topics covered. We encourage you to file a copy of this Program Summary and the Table of Contents with your continuing education certificate. We also recommend that you provide a copy of this information to your manager as a record of your educational achievement.

## Program Description

This program provides a compilation of selected educational content that was presented during the 36th annual meeting of the American Healthcare Radiology Administrators (AHRA) in Denver, Colorado. Interviews with primary presenters and AHRA members focus attention upon issues pertaining to a host of diagnostic imaging issues to include: fiscal management, reimbursement/revenue, performance, and customer service.

## Program Objectives

By the end of this program, the viewer should be able to:

1. Analyze management issues as presented in selected interviews/discussions at the 36th annual meeting of the American Healthcare Radiology Administrators.
2. Find three radiology issue categories to include: revenue/reimbursement, performance improvement, and customer service.
3. Recognize the extraordinary educational and networking opportunities available through the AHRA annual meeting and exposition.
4. Identify potential solutions to prevalent issues currently facing radiology administrators.

## Target Audience

Course objectives for this program specifically target radiology administrators.

**NOTE:** While not limited to this audience group, the content is most effective when applied to people with this training. Regardless of your imaging specialty, you may apply for continuing education credit. Refer to the Continuing Education Credit page for additional information.

## Continuing Education Credit

1.0 ASRT-approved Category A CE Credit

## Continuing Education Credit and Video File Download (\*\*NEW\*\*)

### Online Process for CE Credit ([hls.gehealthcare.com](http://hls.gehealthcare.com))

In order to receive continuing education credit, you must log into the GE Healthcare Learning System (HLS) and complete all of the required steps. Please refer to the online TiP-TV Quick Start User Guide (click the User Guides link on the HLS Welcome page) for additional information on how to use the GE HLS as needed.

1. **View the entire program video** online or download the video file for later viewing (refer to the process below). This supplement is *not* intended to replace watching the video.
2. Go to the GE HLS web site at [hls.gehealthcare.com](http://hls.gehealthcare.com) and complete the **feedback form**.
  - ♦ NOTE: The Feedback Form link is not activated until the View Video Now module has been completed.
  - ♦ This provides valuable information regarding your thoughts on the program's quality and effectiveness.
3. Complete the **program post-test** without aids or assistance of any kind; this is an *individual effort*.
  - ♦ You have up to three attempts to successfully complete the test with a minimum passing score of 75% (ASRT-approved programs) or 80% (SNM-approved programs).
  - ♦ The post-test measures knowledge gained and/or provides a self-assessment on a specific topic.
4. Upon successful completion of the online CE information, you can instantly print a certificate.

### Video Download Process (\*\*NEW\*\*)

For programs with an original start date of September 1, 2008 or later, the GE HLS includes an option to download the TiP-TV program video file. You can then watch the program on your personal computer or transfer the video file to your portable video player for viewing.

**NOTE:** Please refer to the **TiP-TV Video Download Quick Start Guide** for complete details (click the User Guides link on the GE HLS Welcome page).

1. With the desired program in your GE HLS Learning Plan, launch the program content to view the Online Content Structure. In the Video Download (Optional) area, click the Download Video to View Later link.
2. Save the video file on your personal computer, using your existing video download software.
3. View the program on your personal computer or transfer it to your portable video player for later viewing.
4. After viewing the entire program, log into the HLS and complete the CE activities as noted above.

### Continuing Education Credit Eligibility – Important Notice!

A GE Healthcare TiP-TV course may be available in several different formats, such as an online web course or videotape. You may only be able to receive CE credit once for a particular course, regardless of the format in which it was viewed. If you have already received credit for a course, you are encouraged to contact your CE certification organization (ARRT, ARDMS, NMTCB, etc.) to determine if you can repeat this course for CE credit.

Thank you for choosing GE Healthcare as your continuing education partner. We hope you will join us for other TiP-TV programs in the future. For more details and program schedule information, please visit our education web site ([www.gehealthcare.com/education](http://www.gehealthcare.com/education)).

Please forward any questions or comments to: [PSTIPApps-ct@med.ge.com](mailto:PSTIPApps-ct@med.ge.com)

## Introduction

This program is the first of a two-part series that provides an overview of many of the issues and discussions that took place at the 36th annual meeting and exposition of the American Healthcare Radiology Administrators. The exposition included workshops, expanded sessions, breakout sessions, roundtables, a certified radiology administrator (CRA) exam preparation course, exhibits, keynote speakers, the Leadership Institute basic management course, and much more. Very clearly, there was much to take in and many things to learn. A great deal of time was spent talking with subject experts, speakers, and AHRA members during the meeting, and the intention of this two-part series is to bring to you as many of these conversations as possible.

A paper prepared for the Medical Imaging & Technology Alliance (MITA) entitled *The Value of Medical Imaging: Improving Outcomes & Reducing Costs* (June 2008), stated that there is an array of peer-reviewed medical research indicating that medical imaging saves lives, improves treatment options, and provides **better care at lower cost**.

Of the primary issues associated with cost, are those relating to the other side of the equation: the revenue cycle and associated reimbursement status of the organization. Gaining control of reimbursement and revenue significantly affects capital equipment purchases (i.e., the new technology necessary to lead to the outcomes mentioned above). Advances in technology, standing alone, cannot produce these outcomes; rather, sterling performance and attention to the details of customer service need to be added to complete the overall product.

For the most part, this program focuses on these three issues:

- Revenue/reimbursement
- Performance
- Customer service

**NOTE:** Throughout this document, you'll find reference to primary points provided by persons interviewed regarding the issues presented. Included below each reference are bullet points summarizing the discussion and a space for you to create notes. Please watch the video presentation to gain a full understanding of the content.

## Revenue/Reimbursement

This section of the program video begins with commentary by Michael Longacre, a consultant at Healthcare Market Strategies, Inc. in Yamhill, Oregon.

- Reimbursement is one small part of the overall revenue picture.
- Consider the marketing aspect.
- Revenue enhancement.

Notes:

Management of the revenue cycle has traditionally existed in a silo society with various areas accountable, but the bulk of responsibility lay within the Finance Department. Should there be a transferal of a greater portion of fiscal responsibility to medical imaging?

The program video presents comments from Elizabeth Schaub-DeBlock, Operations Manager at CBIZ MMP in Morris Plains, New Jersey.

- Departmental level involvement.
- Reimbursements have gone down.
- Pay attention to detail.
- Definition of revenue cycle.
- Optimizing the cycle.
- There needs to be a partnership.

Notes:

Medical necessity plays a large role in whether a payor will reimburse an examination charge. The denial of claims is a fact of life, but perhaps this can be offset if as much information as possible is provided ahead of time to referring physicians and patients.

In the program video, Ms. Schaub-DeBlock provides commentary.

- Medical necessity.
- Other insurance companies follow the lead of Centers for Medicare and Medicaid Services (CMS).
- Referring physicians need better understanding.
- Advanced beneficiary notice (ABN).
- What happens if there is no ABN used?
- May need to write off the charge.

Notes:

Mr. Longacre advances the idea that equipment vendors can play an important role in helping healthcare organizations develop reimbursement strategies, especially in light of the new technologies that are currently driving healthcare. He also refers to a matrix for comparison of technologies that is part of a reimbursement tool kit.

- Vendor roles are more critical than ever.
- New technology purchases.
- Vendors help put together a strategy to help reimbursement after purchasing the new technology.
- Develop a technology comparison matrix.
- Need two things: code and value.
- Vendors help develop most appropriate pathway.
- Tool kit addresses needs of the payor.
- Tool kit may include a patient education piece, waivers, marketing information, and benefit to community analysis.

Notes:

Imaging departments contribute significant amounts to the organization's overall revenue stream. The degree to which this is understood within the organization varies and is dependent upon communication skills of the imaging administrative staff.

The program video presents comments from Bruce Hammond, Chief Operating Officer at Diagnostic Health Services in Arlington, Texas.

- Communication is important.
- Imaging is a driver of revenue.
- Radiology administrators often may not get credit for revenue generated.
- Radiology Administrator is essentially the CEO of the Imaging Department.
- Communicate properly to the people with the money.
- It's not about how the physician feels about it.
- Figure out how to create value.
- How will it add benefit to the organization?
- How does it fit in the overall goal of the organization?

Notes:

There is a need for a solid business plan to be in place that will color nearly all of the performance factors necessary to operate a successful business venture.

In the program video, Mr. Hammond explains.

- The business plan is the basis of everything.
- From there, a budget is built.
- Determine what business you are in.
- Michael Porter books.\*
- What is the strategy to accomplish the goal?
- Differentiate yourself from competitors.
- There is a financial piece.
- There is a quality piece.

Notes:

\* Harvard professor Michael Porter has written numerous books on competition and healthcare reform. A list of the books referred to by Mr. Hammond is contained in the Resources section of this document (Appendix B).

There are a number of financial constraints and challenges facing radiology administrators, not the least of which are the consequences of the Deficit Reduction Act (DRA). The program video includes a series of perspectives beginning with Mr. Longacre.

- Radiology administrators face tremendous hardships that will probably not improve.
- Due to the DRA, imaging centers and hospitals are affected.
- An American Medical Association (AMA) report card on payors has found that denials for reimbursement have gone up.
- Often, correctly-coded claims are not being reimbursed, up to 20%.

Notes:

Penny Olivi, Senior Administrator of Radiology at the University of Maryland Medical Center in Baltimore, Maryland, comments on the effects of the DRA.

- Centers are closing, patients are moving from place to place.
- Radiologists are affected by DRA, we work closely with them so it affects radiology administrators too.
- The notion in Congress that imaging is worth less and less, is not a good picture for the future.

Notes:

Ms. Schaub-DeBlock comments on the effects of the DRA.

- There was supposed to be an additional 10% reduction in payments by July 1, 2008.
- The United States (U.S.) House of Representatives and Senate overturned that reduction; in fact, they overrode a presidential veto to do so.
- Medicare stopped payments for 10 days while this vote and veto were going on.
- A 1% increase in payments to physicians is due in January, 2009, but that may change with the 2008 presidential election.

Notes:

Hazel Hacker, Business Manager at Edison Imaging Associates, PA in Edison, New Jersey, comments on the effects of the DRA.

- Radiologists are feeling DRA effects directly.
- Very few physicians are involved in U.S. government.
- Physicians actually picketed the U.S. Congress.
- Physicians need to act because the federal government does not seem to understand it.
- The days of economic comfort are over.
- There is a need to really look at small expenses.
- An organization could possibly keep an employee if detailed analysis and elimination of small expense takes place.
- The AHRA DRA roundtable found that there is a lot to do by all players, including vendors.

Notes:

Ms. Hacker went on to say that attention to small items is, of course, very relevant in the billing process as well. No charge is small anymore, and a well-honed billing person or department provides a considerable advantage.

The marketing effort made to ensure that a service is seen as a premium endeavor, is another important element that sets a business apart and can improve revenue generation. Marketing to the right people, establishing a notable web site and communication channels, and performance of special services are some of the many things that can be done.

Brenda Rinehart, Director of Medical Imaging at Overlake Hospital Medical Center in Bellevue, Washington, provides commentary in the program video.

- Ask the question, "Who are you marketing to?"
- Web sites are critical for patient information.
- A van was dedicated for pediatrician's offices to assist mothers of small children.

Notes:

Numerous competitive strategies strive to create and sustain the perception that the organization is one that is associated with extraordinary performance and flawless execution. When looking at building a competitive advantage, Mr. Hammond recommends the following.

- You need to know who you're competing against.
- Who's the customer? Who's the competition?
- Look at strengths, weaknesses, opportunities, and threats (SWOT) analysis; perform three of them.
  - Understand the competitor's SWOT.
  - Your own SWOT.
  - Comparison SWOT of the two above.
- You also need to refer back to the business plan to be sure you're on course.

Notes:

Here is a summary of the primary aspects and issues covered in this section.

- Reimbursement is only a small part of the revenue cycle.
- There is a need for partnerships in optimizing the revenue cycle.
- Other payors are following the lead of Centers for Medicare and Medicaid Services.
- Be certain you know the definition of an advanced beneficiary notice.
- The role of vendors is more critical in the reimbursement problem than ever before.
- Reimbursement tool kits can be helpful.
- How are you going to create value?
- The business plan is the basis for everything.
- Know the fundamentals of a good business plan.
- The Deficit Reduction Act is affecting outpatient centers and hospitals.
- There is an American Medical Association report card on payors.
- The DRA has been revised slightly over time.
- Pay strict attention to small expenses and billable items.
- Who are you marketing to?
- Web sites are critical for patients to access information.
- Who are you competing against?
- Use SWOT analysis (strengths, weaknesses, opportunities, threats).

## Performance

Performance improvement involves nearly every corner and facet of healthcare operations. Looking at what can be done to improve reimbursement, competitive stance, and marketing acumen, it begins with the employee. That is usually not the first consideration for many people, but it really should be of significant importance in the overall picture.

Gina Collier, Assistant Director of Medical Imaging/PACS Administrator at Phelps County Regional Medical Center in Rolla, Missouri, comments about her top performance concerns.

- If employees are not satisfied, customers will not be satisfied.
- Important to emphasize communication and positive attitude.
- Body language can show unhappiness.
- Dissatisfied employees can reflect on patient care skills.

Notes:

The employee appraisal process can often be done poorly, because consideration may be directed to a perspective that captures less than the entire employee performance. The question is, "Are all key components of performance being evaluated?"

Charles Washington, Director of Clinical Services and Operations at MD Anderson Cancer Center in Houston, Texas, comments.

- Managers fall short by often looking at only certain aspects of the employee.
- Behavior and accomplishment need to be considered.
- Performance is a measure of both of the above, as well as looking at the actual outcomes.

Notes:

There are numerous factors that contribute to effective communication, as there are many underlying conditions. The way you connect with others uses one or more of a number of avenues, beginning with synchronous or asynchronous communication.

Jeff Palmucci, Director of Radiology Services at Children's Hospital of Wisconsin in Wauwatosa, explains this in the program video.

- Synchronous vs. asynchronous.
- E-mail can be helpful but can also cause problems.
- Interpretive skills of individuals differ.
- Often ends in miscommunication.

Notes:

There may be preconceived ideas as to who a person is or there may be previous events that color the situation prior to conversation. That's what is meant by underlying conditions.

In the program video, Megan McDonough of the McDonough Company in Hardwick, Massachusetts, comments.

- Attitude toward the person plays a significant role.
- There are three reactions when you meet someone: positive, negative, or neutral.
- Be aware of the attitude you carry.
- Address the issue of attitude or the communication will likely fail.

Notes:

With a staff continually in motion, working and communicating with physicians, nurses, ancillary personnel, patients, and others, making resources available to assist in communication can be very helpful.

Brenda Rinehart, Director of Medical Imaging at Overlake Hospital Medical Center in Bellevue, Washington, comments in the program video.

- Use *Crucial Conversations* book.\*
- Computed tomography (CT) technologists attended a crucial conversations workshop, because they were having problems communicating with radiologists.
  - They learned how to speak up in a non-aggressive or confrontational way.
- Radiologists did not attend, which was a sore spot.
- We're responsible for ourselves.
- Consequently, people will treat you the way you allow them to treat you.
- The way you interact with a person can change their reaction to you.

Notes:

\*The book *Crucial Conversations*, referred to by Ms. Rinehart, is listed in the Resources section of this document (Appendix B).

Communication affects all aspects of an operation, including effects on reimbursement and regulatory issues. In the program video, three professionals comment on communication.

Ms. Schaub-DeBlock's comments:

- Imaging departments do not always converse with managed care departments.
- There needs to be a team effort, especially bringing in new procedures.
- If communication does not happen, examinations possibly will not be covered, or will be covered to a lesser extent.
- Carve-outs allow higher payments if there is a particularly high cost.

Notes:

Mr. Longacre's comments:

- There is a need for enhanced pathways to get information out so reimbursement can be more efficient.
- Often, vendors are needed to help establish these advanced pathways.
- Need better efficiencies.

Notes:

Judith Atkins, President/CEO of McKenna Consulting in Charleston, West Virginia, comments:

- Communication is highest failing system across healthcare industry.
- Many of The Joint Commission's National Patient Safety Goals (NPSG) are lumped under communication.
- Good communication during hand-offs is critical.
- Going through an entire chart is laborious; rather, a summary is needed when handing off a patient.

Notes:

Joint Commission expectations and the NPSG have made it clear that another area of deficiency has to do with critical tests and critical values. In the program video, Ms. Atkins explains.

- Critical tests and values are very different things.
- Highest deficiency resides in medical imaging departments.
- Order through result is the critical test time.
- Often, it is unknown if it's a critical result or value until after it's read.
- Critical value measures from result to the time a licensed caregiver can do something about it.

Notes:

In order to increase efficiencies, a team is often appointed to work on a quality improvement project. How the team is made up, in terms of numbers and personnel, is quite important. Bonni Standley, Director, of Radiology at the Mayo Clinic in Rochester, Minnesota, explains in the program video.

- Makeup of the team is the number one priority.
- Always partner with physicians.
- Pull in other subject matter experts (SME), as needed.
- It is optimal to stay between six or seven in the total number of people.

Notes:

Trying to decrease costs per examination and open up space for more equipment within a allotted space are two of the goals that were sought by one of Ms. Standley's teams. Here's an example that used Lean Six Sigma techniques to accomplish both. Ms. Standley explains in the program video.

- Used the Lean process to create spaghetti diagrams.
- Became a pull system rather than a push system.
- Were able to place 5 more magnetic resonance imaging (MRI) systems in a space where 10 already existed.
- Space is a source of great cost in a facility.
- The project helped keep costs down per examination.

Notes:

Ms. Standley went on to say that when they get results such as these, she'd wish to get the message out to other radiology administrators, and consequently be in a position to receive information about successful projects in return. She pointed out that radiology administrators are all going through similar issues, and a system of transparency is necessary to share this information. That is essentially benchmarking, and for years there has been much discussion about doing this properly. What are the issues inherent in benchmarking? Mr. Palmucci explains in the program video.

- Benchmarking techniques are all over the board.
- There is no solid cookie-cutter method to run a Radiology Department.
- Benchmarking has to be done well, comparing apples to apples.
- Then the question becomes, "What do you do with the information?"
- Involve directors and your superiors in benchmarking.
- There is a need to be very careful.

Notes:

Here are the primary summary points of the performance section.

- Performance improvement teams can accomplish a great deal given the right tools to do so.
- Employee satisfaction is critical.
- The performance appraisal process must include behavior and accomplishment.
- Be aware of problems associated with synchronous and asynchronous communication.
- Underlying attitude is an important condition in communication effectiveness.
- The way you interact with a person can change their reactions to you.
- Be certain to keep managed care departments up to date on new procedures.
- Communication is the highest failing system across healthcare.
- Many of the Joint Commission's National Patient Safety Goals are lumped under communication guidelines.
- Critical tests and critical values are very different entities.
- Team makeup is important in process improvement projects.
- Lean Six Sigma can be helpful in redesigning spatial allocation and saving money.
- Benchmarking can be done, but is often all over the board. Be careful!

## Customer Service

In the program video, Paul Minzlaff, Director of Radiology at Wheaton Franciscan Healthcare Elmbrook Memorial Hospital in Brookfield, Wisconsin, provides commentary on customer service.

- There are lots of different definitions.
- I know it when I see it and I feel it.
- The experience should encourage the customer to tell a story.
- It's about becoming memorable.
- Get hung up on the small details.
- Create the "wow" factor.

Notes:

Customer satisfaction is integrally tied to employee satisfaction. A courteous, engaging, responsive employee will ultimately make a favorable impression on patients. In addition, the processes within the system you've organized for your department will assist your employees in creating the "wow" factor referred to by Mr. Minzlaff.

Here is a set of statements, courtesy of Ms. Rinehart, that are delivered in 10 sets of words. They pertain to service challenges and the importance of meeting each challenge positively. They are as follows:

- The 10 most important words are:  
"I apologize for our mistake; let me make it right."
- The nine most important words are:  
"Thanks for your patience; it's a pleasure serving you."
- The eight most important words are:  
"I'm not sure, but I will find out."
- The seven most important words are:  
"What else can I do for you?"
- The six most important words are:  
"What is most convenient for you?"
- The five most important words are:  
"How may I help you?"
- The four most important words are:  
"How did we do?"
- The three most important words are:  
"Glad you're better."
- The two most important words are:  
"Thank you."
- The MOST most important word is:  
"Yes."

## Appendix A: Presenters

**Roger Beck, M.S., R.T. (R)(CT)**

CT/Leadership TiP-TV Program Manager  
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## Appendix B: Resources

### References

Montgomery, C.A., Porter, M.E., *Strategy–Seeking and Securing Competitive Advantage*, Harvard Business School Press, Boston, Massachusetts, 1991.

Patterson, K., et al., *Crucial Conversations: Tools for Talking When Stakes are High*, McGraw-Hill Professional, 2002.

Porter, M.E., *Competitive Advantage–Creating and Sustaining Superior Performance*, Free Press, New York, New York, 1985.

Porter, M.E., *On Competition*, Harvard Business School Press, Boston, Massachusetts, 1996.

Porter, M.E., Olmstead–Teisberg, E., *Redefining Healthcare–Creating Value-Based Competition on Results*, Harvard Business School Press, Boston, Massachusetts, 2006.

### Electronic Resources

American Healthcare Radiology Administrators: <http://www.ahraonline.org>

National Institutes of Health: <http://www.nih.gov>

Overlake Hospital Medical Center: <http://www.overlakehospital.org/programs.aspx?id=88>

TiP-TV Leadership Series: <http://www.gehealthcare.com/usen/education>

**NOTE:** The Internet is an ever-evolving environment and links are subject to change without notice.

## Appendix C: Post-Test

LMS Course Number: 3351

To be eligible for CE credit, you MUST view the video presentation first. Then complete the post-test on the GE Healthcare Learning System ([hls.gehealthcare.com](https://hls.gehealthcare.com)) by the due date listed online.

1. Treatment and follow-up services, performed after a patient's disease has initially been identified, result in \_\_\_\_\_.
  - a. lost charges
  - b. downstream revenue
  - c. coding errors
  - d. delayed billing
2. According to Ms. Schaub-DeBlock, it is important that radiology administrators view the billing process as \_\_\_\_\_ the Finance Department.
  - a. the responsibility of
  - b. a problem of
  - c. a partnership with
  - d. taking place in
3. The document that needs to be given to a patient whose examination may not be covered by Medicare payment is called a/an \_\_\_\_\_.
  - a. advanced beneficiary notice
  - b. reimbursement notice
  - c. denial of payment form
  - d. application for reimbursement
4. According to Mr. Longacre, when acquiring new technology, there are two critical items immediately needed in order to be in a position to be reimbursed for its use. They are \_\_\_\_\_ and the \_\_\_\_\_.
  - a. cost; value to the physician
  - b. medical necessity; value to the patient
  - c. return on investment; future outlook
  - d. charge code; value of the examination
5. Payers will usually question three aspects of a service product, to include documentation of the efficacy of the product, the economic impact of it, and \_\_\_\_\_.
  - a. its direct cost to the consumer
  - b. how the care provider will use the data from it
  - c. whether it duplicates another service
  - d. its amortization rate
6. According to Mr. Hammond, when presenting a capital equipment request to senior management, it is very important to emphasize that physicians deem it necessary to obtain.
  - a. True
  - b. False

7. Mr. Hammond recommends providing information to senior management about the role of capital equipment in the organization's mission, how it interfaces with the rest of the organization, and how \_\_\_\_\_.
  - a. reliable it is
  - b. many patients it will accommodate
  - c. it creates value
  - d. long it will last
8. A \_\_\_\_\_ defines where you are, where you want to go, and how to get there.
  - a. budget
  - b. long-range forecast
  - c. Pareto chart
  - d. business plan
9. According to Mr. Washington, employee performance is comprised of a combination of behavior (actions) and \_\_\_\_\_.
  - a. accomplishments
  - b. attitude
  - c. sensitivity
  - d. expectations
10. Voice mail, email, audio conferencing, and webcam presentations are examples of \_\_\_\_\_ communication.
  - a. synchronous
  - b. automated
  - c. asynchronous
  - d. cyber
11. Managed care contracts usually include \_\_\_\_\_, which allow higher payment for very expensive procedures.
  - a. add ons
  - b. carve-outs
  - c. limited exceptions
  - d. coding variation
12. According to Ms. Atkins, \_\_\_\_\_ is the highest failing system across healthcare.
  - a. sterile procedure
  - b. nursing
  - c. administration
  - d. communication
13. The Joint Commission defines an unexpected loss of life, loss of limb, or permanent impairment due to healthcare performance as a \_\_\_\_\_.
  - a. condition red event
  - b. sentinel event
  - c. punishable offense
  - d. iatrogenic condition
14. According to Ms. Atkins, many of the elements within The Joint Commission's National Patient Safety Goals are lumped under the \_\_\_\_\_ system.
  - a. communication
  - b. financial
  - c. behavior
  - d. administrative

15. The two-step identifier requirement of The Joint Commission includes not only identification of the patient, but also corroboration of the examination ordered on that patient.
  - a. True
  - b. False
16. The measurement, required by The Joint Commission, occurring between an examination result and the time a licensed caregiver can act upon it, is referred to as \_\_\_\_\_.
  - a. a critical test
  - b. emergent time
  - c. critical value
  - d. conditional action
17. According to Ms. Standley, performance improvement teams should optimally be comprised of \_\_\_\_\_ to \_\_\_\_\_ members.
  - a. 3; 4
  - b. 4; 5
  - c. 6; 7
  - d. 9; 10
18. A Lean Six Sigma tool used to trace the physical steps a patient may have to take through an area of a department, is called a \_\_\_\_\_ diagram.
  - a. Pareto
  - b. fishbone
  - c. cause and effect
  - d. spaghetti
19. The information derived from \_\_\_\_\_ needs to compare similar data and requires careful consideration of what is to be done with it after completion of the process.
  - a. the business plan
  - b. coding
  - c. the revenue cycle
  - d. benchmarking
20. According to Mr. Minzlaff, service excellence should provide a patient experience that is \_\_\_\_\_.
  - a. memorable
  - b. exclusive
  - c. reasonably priced
  - d. fast