

**HFMA CRCR EXAM 2023/2024 QUESTIONS AND CORRECT ANSWERS
LATEST**

- 1. What are collection agency fees based on?** A percentage of dollars collected
- 2. Self-funded benefit plans may choose to coordinate benefits using the gender rule or what other rule?** Birthday
- 3. In what type of payment methodology is a lump sum or bundled payment negotiated between the payer and some or all providers?:** Case rates
- 4. What customer service improvements might improve the patient accounts department?** Holding staff accountable for customer service during performance reviews
- 5. What is an ABN (Advance Beneficiary Notice of Non-coverage) required to do?:**
Inform a Medicare beneficiary that Medicare may not pay for the order or service

6. What type of account adjustment results from the patient's unwillingness to pay for a self-pay balance?: Bad debt adjustment

7. What is the initial hospice benefit?: Two 90-day periods and an unlimited number of subsequent periods

8. When does a hospital add ambulance charges to the Medicare inpatient claim?:
If the patient requires ambulance transportation to a skilled nursing facility

9. How should a provider resolve a late-charge credit posted after an account is billed?: Post a late-charge adjustment to the account

10. an increase in the dollars aged greater than 90 days from date of service indicate what about accounts: They are not being processed in a timely manner

11. What is an advantage of a preregistration program?: It reduces processing times at the time of service

12. What are the two statutory exclusions from hospice coverage?:

Medically unnecessary services and custodial care

13. What core financial activities are resolved within patient access?: Sched-

uling, insurance verification, discharge processing, and payment of point-of-ser-

vice receipts

14. What statement applies to the scheduled outpatient?: The services donot

involve an overnight stay

15. How is a mis-posted contractual allowance resolved?: Comparing thecontract

reimbursement rates with the contract on the admittance advice to identify the

correct amount

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16. What type of patient status is used to evaluate the patient's need for inpatient care?: Observation

17. Coverage rules for Medicare beneficiaries receiving skilled nursing care require that the beneficiary has received what?: Medically necessary inpatient hospital services for at least 3 consecutive days before the skilled nursing care admission

18. When is the word "SAME" entered on the CMS 1500 billing form in Field 0\$?: When the patient is the insured

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19. What are non-emergency patients who come for service without prior notification to the provider called?: Unscheduled patients

20. If the insurance verification response reports that a subscriber has a single policy, what is the status of the subscriber's spouse?: Neither enrolled nor entitled to benefits