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# HFMA

## CHFP Exam

Certified Healthcare Financial Professional (CHFP)

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Questions  
& Answers

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**Question: 1**

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The key factors that have contributed to the higher cost of health care include:

- A. Technology, aging population, chronic disease and litigation
- B. Aging population, chronic disease, performance payment and litigation
- C. Technology, performance payment and litigation
- D. All of the above

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**Answer: A**

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**Question: 2**

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What change the basis of payment for hospital outpatient services from a flat fee for individual services to fixed reimbursement for bundled services?

- A. Cost payment system
- B. Ambulatory payment classifications
- C. Cost compliance and litigation
- D. None of the above

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**Answer: B**

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**Question: 3**

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when providers try to get one payor to pay for costs that have not been covered by another payor, this refers to:

- A. Cost Capacity
- B. Cost capitalization
- C. Cost-shifting
- D. Prospective cost

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**Answer: C**

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**Question: 4**

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The combination of age and technology has increased cost with the passage of time.

- A. True
- B. False

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**Answer: A**

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**Question: 5**

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Prescription drug coverage for Medicare enrollees, which offsets some of the out-of-pocket costs for medications, this covers:

- A. Medicare Part A
- B. Medicare Part B
- C. Medicare Part D
- D. Medicare Part F

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**Answer: C**

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**Question: 6**

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The need to abide by governmental regulations, whether they are for the provision of care, billing, privacy accounting standards, security or the like refers to:

- A. Compliance
- B. Chronic Medicare
- C. Health proactive standards
- D. None of the above

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**Answer: A**

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**Question: 7**

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\_\_\_\_\_ that providers have to pay insurers to cover the cost of defending against the lawsuits and paying large jury awards.

- A. Ambulatory payment classifications
- B. Reimbursement Insurance cost plan
- C. Health proactive Insurance standard act
- D. Increased insurance premiums

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**Answer: D**

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**Question: 8**

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A set of federal compliance regulations to ensure standardization of billing, privacy and reporting as institutions convert to electronic systems is called:

- A. Health Insurance standard Act
- B. Reimbursement Insurance Act
- C. Medicare Reporting Act
- D. Health Insurance portability and Accountability Act

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**Answer: D**

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**Question: 9**

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\_\_\_\_\_ is the tendency health care practitioners to do more testing and to provide more care for patients than might otherwise be necessary to protect themselves against potential litigation.

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**Answer: Defensive  
medicine**

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**Question: 10**

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In which act, federal legislation designed to tighten accounting standards in financial reporting and that holds top executives personally liable as to the accuracy and fairness of their financial statements?

- A. Sarbanes-Oxley Act
- B. Insurance accountability Act
- C. Financial statement Act
- D. Portability and Accountability Standardized Act

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**Answer: A**

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**Question: 11**

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Stark law states that:

- A. Legislation enacted by HIPAA to guard against providers' ordering self-referrals for Medicare or Medicaid patients directly to any settings in which they have a vested financial interest.
- B. Legislation enacted by CMS to guard against providers' ordering self-referrals for Medicare or Medicaid patients directly to any settings in which they have a vested financial interest.
- C. Legislation enacted by CMS to guard against providers' ordering self-referrals for Medicare or Medicaid patients indirectly to any settings in which they have a vested financial interest.
- D. Legislation enacted by HIPAA to guard against providers' ordering self-referrals for Medicare or Medicaid patients indirectly to any settings in which they have a vested financial interest.

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**Answer: B**

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**Question: 12**

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Which one of the following is NOT the factor of Uninsured?

- A. Health insurance premiums becoming too costly
- B. Requiring patients to pay for the part of their own care-up
- C. Individuals being screened out of insurance policies
- D. Employers feeling they cannot afford to continue to provide health insurance as a

benefit

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**Answer: B**

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**Question: 13**

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Concurrent review states that:

- A. Planning appropriateness and medical necessity of a hospital stay while the patient is in the hospital and implementing discharge planning.
- B. Monitoring appropriateness and medical necessity of a hospital stay while the patient is not in the hospital and try to implement discharge planning.
- C. Planning appropriateness and medical necessity of a hospital stay while the patient is not in the hospital and try to implement preadmission planning.
- D. Monitoring appropriateness and medical necessity of a hospital stay while the patient is in the hospital and implementing discharge planning.

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**Answer: D**

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**Question: 14**

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Gatekeepers requiring a patient to obtain a referral from his or her primary care physician, the gatekeeper, before assign a specialist.

- A. True
- B. False

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**Answer: A**

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**Question: 15**

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Requiring providers to have their capital expenditures preapproved by an independent state agency to avoid unnecessary duplication of services is referred to as:

- A. Preapproval certifications and opinions
- B. Preapproved payments
- C. Certificate of need
- D. State service reviews

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**Answer: C**

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