



**POST-TEST for DHA UBO and DQMC Program Webinar:
Denials Management Best Practices**
[April 25 and April 27, 2023]

POST-TEST INSTRUCTIONS: View the recorded Webinar located at [UBO Learning Center Archived Webinars](#) and then complete all of the 10 questions below. Submit your answers via e-mail to webmeeting@federaladvisory.com with “Answers, Post Test “**Denials Management Best Practices**” in the subject line (a read receipt for your records is recommended). If at least 70% of the questions are answered correctly, you will receive a Certificate of Approval with Index Number via email. If you receive a score of 69% or lower, you will be notified via email and may review the archived Webinar and resubmit the post-test. Results may take up to five business days. If you have any questions, please submit those as well to webmeeting@federaladvisory.com.

1. Multiple Choice: Which of the following is a correct definition of a claim?
 - a. “Any intentional reduction of payment resulting from the failure to provide medically necessary services in an appropriate setting, failure to follow the payers’ technical guidelines, or failure to consistently document for the services provided.”
 - b. “The refusal of an insurance company or carrier to honor a request by an individual (or his or her provider) to pay for health care services obtained from a health care professional.”
 - c. Both A and B
 - d. Neither A or B is correct

2. Multiple Choice: What is the average cost to rework a claim?
 - a. \$40
 - b. \$15
 - c. \$50
 - d. \$25

3. Multiple Choice: Which of the following is **NOT** a reason for an actionable denial?
 - a. TRICARE and/or Income Supplemental Plans
 - b. Registration was inaccurate
 - c. MTF did not comply with UR Procedures
 - d. Coverage amount

4. Multiple Choice: Which type of denial is due to “failure to pre-certify”?
 - a. Actionable denial
 - b. Un-actionable denial
 - c. Clinical Denial
 - d. Administrative Denial

5. True or False: It can be challenging to understand a denial because the denial reason does not necessarily identify the real issue.
 - a. True
 - b. False



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6. Multiple Choice: What percentage is the average industry goal for acceptable write-offs due to denials?
 - a. 0%
 - b. 3%
 - c. 6%
 - d. 10%

7. True or False: When talking with a payer, you should not ask how long you have to submit your claim.
 - a. True
 - b. False

8. Multiple Choice: What does “The Drill” tab allow user to do when tracking denials?
 - a. It allows users to access more detailed information.
 - b. It allows users to search all queues using multiple levels.
 - c. It allows users to decide which information they would like to print.
 - d. It allows users to check the completed boxes.

9. Fill in the Blank: _____ allows users to enter parameters for generating specific reports
 - a. Account Management Report
 - b. Account Tracking Report
 - c. Custom Tools Report
 - d. Curated Results

10. Multiple Choice: Why should denials be tracked?
 - a. It helps with identifying unreasonable payer practices.
 - b. It can help identify areas where denial management efforts have been successful.
 - c. It allows UBO to develop future goals and opportunities for preventing future denials.
 - d. All the above
 - e. None of the above