Module 1 Knowledge Check

Setting Up an Onsite Physician Advisor for Success

1. What is one of the primary roles of a Physician Advisor?

- A. Managing hospital billing software
- B. Acting as a liaison between administration, clinicians, and support staff
- C. Performing bedside nursing care
- D. Supervising environmental services

2. Which of the following is considered an important quality of a Physician Advisor?

- A. Expertise in hospital construction
- B. Ability to teach and collaborate
- C. Advanced surgical procedural skills only
- D. Independent practice without interaction

3. Which department should a Physician Advisor closely integrate with?

- A. Dietary Services
- B. Environmental Services
- C. Case Management/Utilization Review
- D. Security Department

4. Which of the following topics is considered a required knowledge basic for Physician Advisors?

- A. Landscaping regulations
- B. Inpatient vs. Observation status
- C. Payroll accounting
- D. Building maintenance

5. Ideally, where should an onsite Physician Advisor office be located?

- A. Offsite away from hospital operations
- B. Near the Utilization Review team
- C. In the cafeteria
- D. In a patient room

6. What is the primary purpose of the hospital Utilization Review (UR) Plan under Conditions of Participation?

- A. Increase physician vacation time
- B. Review medical necessity and utilization of services

- C. Manage dietary preferences
- D. Coordinate valet parking

7. Under 42 CFR §482.30, utilization review may occur:

- A. Only after discharge
- B. Only before admission
- C. Before, during, or after admission
- D. Only in outpatient settings

8. Which statement regarding review of every hospital admission is most accurate?

- A. Medicare regulations explicitly require review of every case
- B. No regulations support any utilization review process
- C. Medicare does not specifically require every case to be reviewed, but all claims must be accurate
- D. Only denied claims require review

9. The False Claims Act prohibits knowingly:

- A. Providing physician education
- B. Submitting false or fraudulent claims for payment
- C. Reviewing medical necessity
- D. Performing utilization review

10. According to the Two-Midnight Benchmark, inpatient admission is generally appropriate when:

- A. The patient stays exactly 24 hours
- B. The physician expects hospital care to span at least two midnights
- C. The patient is admitted through the ED
- D. Observation services exceed 6 hours

Answer Key with Explanations

1. B — Acting as a liaison between administration, clinicians, and support staff

A Physician Advisor serves as a bridge between hospital leadership, physicians, case management, and support teams to improve regulatory compliance, medical necessity, and organizational efficiency.

2. B — Ability to teach and collaborate

Physician Advisors frequently educate physicians, collaborate with multiple departments, and help guide documentation and utilization processes.

3. C — Case Management/Utilization Review

Close integration with Case Management and Utilization Review is essential because these departments are heavily involved in level-of-care determinations, regulatory compliance, and denial prevention.

4. B — Inpatient vs. Observation status

Understanding the difference between inpatient and observation status is one of the foundational responsibilities of a Physician Advisor and directly impacts compliance and reimbursement.

5. B — Near the Utilization Review team

Physical proximity to the UR team improves communication, collaboration, workflow efficiency, and real-time problem solving.

6. B — Review medical necessity and utilization of services

The UR Plan exists to ensure appropriate use of hospital services and compliance with Medicare and Medicaid requirements regarding medical necessity and utilization.

7. C — Before, during, or after admission

The Conditions of Participation specifically allow utilization review to occur at multiple points in the patient encounter process.

8. C — Medicare does not specifically require every case to be reviewed, but all claims must be accurate

While Medicare does not explicitly mandate review of every patient, hospitals are still responsible for ensuring that all submitted claims are compliant and accurate.

9. B — Submitting false or fraudulent claims for payment

The False Claims Act is designed to combat fraud involving federal healthcare programs such as Medicare and Medicaid.

10. B — The physician expects hospital care to span at least two midnights

The Two-Midnight Benchmark focuses on the physician's reasonable expectation that medically necessary hospital care will cross at least two midnights.

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