

# AAPC

AAPC-CDEO  
*Certified Documentation Expert Outpatient*

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# Latest Version: 6.0

## Question: 1

Quality Measures  
Star Ratings

- A. Chart Reviews
- B. Quality of Care
- C. Quality Bonus Payments
- D. Quality Bonus Payments

**Answer: B**

## Question: 2

this category offers the highest weight for reporting measures of 60% in the 2017 performance year, and is reduced to 50% by 2021.

\*The maximum possible points to be earned in this category are 80-90, depending on group size.

- A. MipsCia
- B. MIPS Quality Performance
- C. Mips Clinical Improvement Activities
- D. MIPS Advancing Care Information

**Answer: B**

## Question: 3

For this measure, COPD, emphysema and chronic bronchitis diagnoses support the measure.

- A. In a medical record review, which of the following ICD-10-CM codes would prompt satisfaction of the HEDIS measure of Pharmacotherapy Management of COPD Exacerbation and search for potential risk adjustment support.
- B. What are the four measures and activities that will be used to measure MIPS performance in 2018?
- C. When will feedback regarding performance with the Quality Payment Program become available for the 2017 reporting period?
- D. E-prescribing electronically transmits new and refill prescriptions to a community or mail order pharmacy. What is an advantage to E-Prescribing (eRx)?

**Answer: A**

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### Question: 4

Develops and maintains HEDIS

- A. STARS RATINGS
- B. NCQA
- C. QUALITY OF CARE
- D. COLLECTING HEDIS

**Answer: B**

### Question: 5

Domain 5: Health Plan Customer Service

- Plan Makes Timely Decisions About Appeals
- Reviewing Appeals Decisions
- Call Center- Foreign Language Interpreter and TTY Availability

- A. Medicare Advantage HMO Plan Part C: Domain 5
- B. Which of the following scenarios supports reporting 4064F-1P?
- C. Medicare Advantage HMO Plan Part D: Domain 3
- D. Medicare Advantage HMO Plan Part D: Domain 2

**Answer: A**

### Question: 6

2018

Submission of data begins January 1, 2017 and closes December 31, 2017. The deadline for 2017 data submission is March 31, 2018. Feedback will be provided on the provider performance in 2018. Payment adjustment (positive or negative) will go into effect January 1, 2019.

- A. Which of the following are domains in CMS Part C Stars Rating?
- B. How can an independent provider report quality measures?
- C. Which of the following is NOT a benefit for providers to utilize electronic health records?
- D. When will feedback regarding performance with the Quality Payment Program become available for the 2017 reporting period?

**Answer: D**

### Question: 7

Individual EPs may choose to report quality information through one of the following methods:

1. Medicare Part B claims
2. Qualified PQRS registry
3. Direct Electronic Health Record (EHR) using Certified EHR Technology (CEHRT)
4. CEHRT via Data Submission Vendor
5. Qualified clinical data registry (QCDR)

\*\*CMS web Interface is only available to groups of 25 or more. \*\*

- A. Which of the following is a HEDIS measure for 2017?
- B. MIPS Advancing Care Information
- C. What are examples of Advancing Care Information (ACI):
- D. How can an independent provider report quality measures?

**Answer: D**

### Question: 8

In 2017 providers have two options based on the provider's electronic health record edition.

Option 1: Advancing Care Information Objectives and Measures

Option 2: 2017 Advancing Care Information Transition Objective and Measures

- A. Hedis Measures
- B. Advanced Care Information Measures
- C. MIPS Clinical Improvement Activities
- D. Which of the following is a HEDIS measure for 2017?

**Answer: B**

### Question: 9

Member Complaints, Problems Getting Services, and Improvement in the Health Plan's Performance (4 Measures)

- Complaints About the Health Plan
- Members Choosing To Leave The Plan
- Beneficiary Access and Performance Problems
- Health Plan Quality Improvement

- A. Medicare Advantage HMO Plan Part D: Domain 3
- B. Medicare Advantage HMO Plan Part C: Domain 4
- C. Medicare Advantage HMO Plan Part D: Domain 1

**Answer: B**

### Question: 10

traditionally collected through surveys, medical chart reviews, and insurance claims from hospitalizations, medical office visits, and procedures  
Survey measures must be conducted by an NCQA approved external survey organization. Clinical measure us the administrative or hybrid data collection methodology , as specified by NCQA.

- A. Collecting Hedis
- B. HEDIS Data
- C. Hedis Measures
- D. Administrative Data

**Answer: B**

### Question: 11

TO make quality of care a priority the Affordable Care Act set a requirement that CMS make quality bonus payments to Medicare Advantage plans that earn four or more stars in a five-star quality rating system would receive a bonus payment. Earning fewer than four stars would receive no bonus.

- A. Quality Bonus Payments
- B. Cms Demonstration Period
- C. Quality Performance Measures
- D. Quality Of Care

**Answer: A**

### Question: 12

- Certified Registered Nurse Anesthetists (CRNA)
- Clinical Nurse Specialists (CNS)
- Doctors of Chiropractic (DC)
- Doctors of Dental Medicine (DMD)
- Doctors of Dental Surgery (DDS)
- Doctors of Medicine (MD)
- Doctors of Optometry (OD)
- Doctors of Osteopathy (DO)
- Doctors of Podiatric Medicine (DPM)

- 
- Nurse Practitioners (NP)
  - Physician Assistants (PA)

- A. Mips quality performance
- B. Mips advancing care information
- C. Providers are eligible under MIPS include:
- D. Administrative data

<b>Answer: C</b>
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