

Medical Practitioner Competency Exam Questions 09/08

Name: _____ Deadline for return of examination: _____
 Send, Fax or Email: Veronica Wilson, NARBHA Medical Systems Analyst 1300 South Yale Street Flagstaff, AZ 86001
 928-214-2168 (phone) 928-774-5665 (fax) Veronica.Wilson@NARBHA.org

	Coordination of Care with Primary Care Physician (PCP):	T or F
1.	Care should be coordinated with the PCP when a person is first enrolled with NARBHA, when a person is sent to an out-of-state facility and when there is an event requiring consultation with the PCP.	
2	Record Reviewers from Phoenix don't know the names of all the PCP's in northern Arizona and may not recognize a note that says "discussed with Dr. X" as PCP coordination of care, unless it said "Dr. X, the PCP."	
	The minimum components that must be communicated/ coordinated with the PCP are the person's:	
3	Diagnoses	
4	Medications, including strengths & dosages	
5	At least annually or whenever there is a significant change.	
	Informed Consent and Target Symptoms:	
6	Use of the DBHS Informed Consent Form is the easiest way to ensure all the components of informed consent are documented.	
7	Each medication prescribed must have documentation of informed consent even if it was prescribed over the phone.	
8	You need to identify specific target symptoms for each medication like: Ambien for "initial insomnia," Lithium for "mood lability," and Zyprexa for "paranoia," rather than "sleep," "moods," and "thoughts," respectively. A target symptom is NOT the same as a diagnosis.	
	Formulary	
9	NARBHA does not have prior authorization for medications.	
10.	To get a non-formulary medication, I fax a Pharmacy Edit Notification Form (PEN) to NARBHA.	
11	If I choose a lab CPT code not on the NARBHA formulary, the member gets billed for it.	
	Documentation	
12	Rationales for polypharmacy (interclass or intraclass) and medication changes must be clearly identified and may include: lack of full response (need to augment), patient preference, intolerable side effects of one of the medications, diagnosis changes, evidence-based practice, adverse effects, prior response, etc	
13	Health parameters such as weight, height, and blood pressure must be collected as a part of a baseline assessment and, as appropriate, periodically monitored and recorded in the member's medical record.	
14	All of the following on a chart note is necessary to prevent fraudulent billing: legibility, a CPT code which matches the complexity in the note, a diagnosis, the date, time and duration of the service and a signature of the provider.	
15	People on lithium get an annual lithium level, TSH and renal function test (Bun/CR) ordered and/or obtained documented in their medical record.	
16	People on atypical neuroleptics get annual blood glucose, lipids and weights/BMIs ordered and/or obtained documented in their medical record.	
17	For all persons on neuroleptics, including children, a baseline movement disorder screening, like AIMS, is done at initiation and then at least annually.	
	Access to Psychiatric Medications and to Child Psychiatrists	
18	It is the responsibility of the provider assuming the person's care to ensure that the person is scheduled with an appointment within clinically appropriate time frames such that the person does not run out of medications, does not experience a decline in functioning and in no case longer than 30 days from	

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	identification of need	
19	Second opinions are available for members.	
20	If the prescribing clinician is not a Child & Adolescent Psychiatrist (CAP) or if the clinician who started the medications was not a CAP, a CAP will: a. Children <3yrs on psychotropic medications for > 2 months: complete a chart review, b. Children < 12 years on >3 (i.e., 4 or more) psych medications for > 3 months: complete a chart review, and c. Children < 12 years prescribed >4 (i.e., 5 or more) psych meds for > 3 months: complete a face-to-face	
	Inpatient and Crisis Services	
21	Before a crisis worker can send a person to the emergency room, the MD/CNP/PA must be consulted to confirm that there is an emergency medical condition (EMC) requiring evaluation at the ER.	
22	If an outpatient or crisis MD/CNP/PA determines a person needs inpatient services, the inpatient MD/CNP/PA must admit under the NARBHA Block Purchase.	
23	Only an MD can deny a non-emergency admission or continued stay to an inpatient facility or Level I Residential Treatment Center and documentation of that denial is sent to NARBHA on a Denial of a Prior Authorized service (DOPA) form.	
24	The NARBHA region has less than 13 beds allotted at the AZ State Hospital.	
25	In AZ "Medically Necessary" means--Covered services provided by qualified service providers within the scope of their practice to prevent disease, disability, and other adverse health conditions or their progression or to prolong life. Medically necessary services are aimed at achieving the following: <ul style="list-style-type: none"> • The prevention, diagnosis, and treatment of behavioral health impairments; • The ability to achieve age-appropriate growth and development; and • The ability to attain, maintain, or regain functional capacity. 	
	Miscellaneous	
26	The NARBHA Medical Practitioners Committee meets on the 4 th Tuesday of every month from 11:30-12:30 over telemedicine and quarterly from 10-2PM in January, April, July and October. All are welcome to attend.	
27	All policies and forms are available at www.narbha.org under "Home" then "ADHS/NARBHA Provider Manual."	
28	All mortalities of enrolled NARBHA members are reviewed for medical practice documentation standards and coordination of care by the NARBHA Morbidity and Mortality Committee.	
29	NARBHA does individual MD/CNP/PA practice profiles on documentation standards, polypharmacy and medication costs.	

Competency Exam Answers: All are True!