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Question 1

Question Type: MultipleChoice

When evaluating the success of providers in meeting standards, a health plan must make adjustments for case mix or severity. One true statement about case mix/severity adjustments is that they:

Options:

A- Typically are more important in measuring the performance of PCPs than they are in measuring the performance of specialists

B- Help compensate for any unusual factors that may exist in a provider's patient population or in a particular patient

C- Tend to increase the number of providers who are considered to be outliers

D- Allow for a more equitable comparison of data between providers of outpatient care but not providers of inpatient care

Answer:

B

Question 2

Question Type: MultipleChoice

The provider contract that the Canyon health plan has with Dr. Nicole Enberg specifies that she cannot sue or file any claims against a Canyon plan member for covered services, even if Canyon becomes insolvent or fails to meet its financial obligations. The contract also specifies that Canyon will compensate her under a typical discounted fee-for-service (DFFS) payment system.

During its recredentialing of Dr. Enberg, Canyon developed a report that helped the health plan determine how well she met Canyon's standards. The report included cumulative performance data for Dr. Enberg and encompassed all measurable aspects of her performance. This report included such information as the number of hospital admissions Dr. Enberg had and the number of referrals she made outside of Canyon's provider network during a specified period. Canyon also used process measures, structural measures, and outcomes measures to evaluate Dr. Enberg's performance.

Canyon used a process measure to evaluate the performance of Dr. Enberg when it evaluated whether:

Options:

A- Dr. Enberg's young patients receive appropriate immunizations at the right ages

B- Dr. Enberg conforms to standards for prescribing controlled substances C. The condition of one of Dr. Enberg's patients improved after the patient received medical treatment from Dr. Enberg

D- Dr. Enberg's procedures are adequate for ensuring patients' access to medical care

Answer:

A

Question 3

Question Type: MultipleChoice

In order to evaluate and manage the performance of individual providers in its provider network, the Quorum Health Plan implemented a program that focuses on identifying the best and worst outcomes and utilization patterns of its providers. This program is also designed to develop and implement strategies such as treatment protocols and practice guidelines to improve the performance of Quorum's providers. This information indicates that Quorum implemented a program known as:

Options:

A- An integrated delivery system (IDS)

B- A coordinated care program

C- Ostensible agency

D- Continuous quality improvement (CQI)

Answer:

D

Question 4

Question Type: MultipleChoice

The Aztec Health Plan has a variety of organizational committees related to quality and utilization management. These committees include the medical advisory committee, the credentialing committee, the utilization management committee, and the quality management committee. Of these committees, the one that most likely is responsible for providing oversight of Aztec's inpatient concurrent review process is the:

Options:

A- medical advisory committee

B- credentialing committee

C- utilization management committee

D- quality management committee

Answer:

C

Question 5

Question Type: MultipleChoice

The following statements are about workers' compensation provider networks. Select the answer choice containing the correct statement:

Options:

A- In order to supply a provider network to furnish healthcare to workers' compensation beneficiaries, a health plan typically uses the network that has already been created for the group health plan.

B- Typically, case managers for workers' compensation programs are physical therapists.

C- Most states prohibit the use of fee schedules in order to curb the rising workers' compensation healthcare costs.

D- Networks serving workers' compensation patients typically include higher concentrations of specialists than do other provider networks.

Answer:

D

Question 6

Question Type: **MultipleChoice**

The employees of the Trilogy Company are covered by a typical workers' compensation program. Under this coverage, Trilogy employees are bound by the exclusive remedy doctrine, which most likely:

Options:

A- Allows Trilogy to deny benefits for an employee's on-the-job injury or illness, but only if Trilogy is not at fault for the injury or illness.

B- Allows Trilogy to place limits on the amount of coverage payable for a given claim under the workers' compensation program.

C- Requires the employees to accept workers' compensation as their only compensation in cases of work-related injury or illness.

D- Provides the employees with 24-hour coverage.

Answer:

C

Question 7

Question Type: MultipleChoice

One characteristic of the workers' compensation program is that:

Options:

A- workers' compensation coverage is available to all employees, regardless of their eligibility for health insurance coverage

B- indemnity benefits currently account for less than 10% of all workers' compensation benefits

C- workers' compensation programs in most states require eligible employees to obtain medical treatment only from members of a provider network

D- workers' compensation programs include deductibles and coinsurance requirements

Answer:

A

Question 8

Question Type: MultipleChoice

The Medicaid program subsidizes indigent care through payments to disproportionate share hospitals (DSHs). The Preamble Hospital is a DSH. As a DSH, Preamble most likely:

Options:

A- Receives financial assistance from the federal government but not a state government.

B- Is at a higher risk of operating at a loss than are most other hospitals.

C- Receives no payments directly from Medicaid for services rendered but rather receives a portion of the capitation payment that Medicaid makes to the health plans with which Preamble contracts.

D- Is eligible for capitation rates that are significantly higher than the FFS average for all covered Medicaid services.

Answer:

B

Question 9

Question Type: MultipleChoice

Dr. Michelle Kubiak has contracted with the Gem Health Plan, a Medicare+Choice health plan, to provide medical services to Gem's enrollees. Gem pays Dr. Kubiak $40 per enrollee per month for providing primary care. Gem also pays her an additional $10 per enrollee per month if the cost of referral services falls below a targeted level. This information indicates that, according to the substantial financial risk formula, Dr. Kubiak's referral risk under this contract is equal to:

Options:

A- 20%, and therefore this arrangement puts her at substantial financial risk

B- 20%, and therefore this arrangement does not put her at substantial financial risk

C- 25%, and therefore this arrangement puts her at substantial financial risk

D- 25%, and therefore this arrangement does not put her at substantial financial risk

Answer:

B

Question 10

Question Type: MultipleChoice

The following statement(s) can correctly be made about the Balanced Budget Act (BBA) of 1997:

Options:

A- The BBA requires Medicare+Choice organizations to be licensed as non-risk-bearing entities under federal law.

B- The Centers for Medicaid and Medicare Services (CMS) is responsible for implementing the BBA

C- Both A and B

D- A only

E- B only

F- Neither A nor B

Answer:

C

Question 11

Question Type: MultipleChoice

Edward Patillo has established a Medicare+Choice medical savings account (MSA). This MSA will allow Mr. Patillo to:

Options:

A- Carry over any money remaining in his MSA at the end of the benefit year to the next benefit year

B- Make withdrawals at any time from the MSA, but only for medical expenses

C- Obtain payment at 100% of the Medicare allowable payment for all Medicare-covered services he receives, without having to pay any deductibles or out-of-pocket expenses

D- Make withdrawals from the MSA to meet qualified medical expenses that are not paid by his high-deductible health insurance policy, but these withdrawals are taxed as income to Mr. Patillo

Answer:

A