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Question 1

Question Type: MultipleChoice

Occasionally, employers combine workers' compensation, group healthcare, and disability programs into an integrated product known as 24-hour coverage. One true statement about 24hour coverage is that it typically

Options:

A- increases administrative costs

B- requires plans to maintain separate databases of patient care information

C- exempts plans from complying with state workers' compensation regulations

D- allows plans to apply disability management and return-to-work techniques to nonoccupational conditions

Answer:

D

Question 2

Question Type: MultipleChoice

For this question, if answer choices (A) through (C) are all correct, select answer choice (D). Otherwise, select the one correct answer choice.

Ways that workers' compensation health plans can help control the costs of job-related injuries and illnesses include

Options:

A- applying strict definitions of medical necessity

B- developing prevention and recovery programs

C- applying out-of-network benefit reductions

D- all of the above

Answer:

B

Question 3

Question Type: **MultipleChoice**

The delivery of quality, cost-effective healthcare is a primary goal of both group healthcare and workers' compensation programs. One difference between group healthcare and workers' compensation is that workers' compensation

Options:

A- provides health and disability benefits to employees injured on the job only if the employer is at fault for the injury

B- provides coverage for a variety of direct and indirect healthcare, disability, and workplace costs

C- manages costs by including employee cost-sharing features in its benefit design

D- places limits on benefits by restricting the amount of benefit payments or the number of covered hospital days or provider office visits

Answer:

B

Question 4

Question Type: **MultipleChoice**

The paragraph below contains two pairs of terms or phrases enclosed in parentheses. Select the term or phrase in each pair that correctly completes the paragraph. Then select the answer choice containing the two terms or phrases you have chosen.

TRICARE enrollees have the right to challenge authorization and coverage decisions. Such challenges are referred to as (appeals / grievances) and are typically handled by the (TRICARE contractor / Area Field Office).

Options:

A- appeals / TRICARE contractor

B- appeals / Area Field Office

C- grievances / TRICARE contractor

D- grievances / Area Field Office

Answer:

A

Question 5

Question Type: MultipleChoice

Serena Wilson, a registered nurse, is employed at a TRICARE Service Center (TSC) located at a military installation. Ms. Wilson serves as a primary point of contact between enrollees and the TRICARE system and answers enrollees' questions about plan options, eligibility, provider selection, and claims. This information indicates that Ms. Wilson serves as a

Options:

A- lead agent

B- beneficiary services representative

C- health plan support contractor

D- primary care manager (PCM)

Answer:

B

Question 6

Question Type: **MultipleChoice**

The following statement(s) can correctly be made about medical management considerations for the Federal Employee Health Benefits Program (FEHBP):

FEHBP plan members who have exhausted the health plan's usual appeals process for a disputed decision can request an independent review by the Office of Personnel Management (OPM)

All health plans that cover federal employees are required to develop and implement patient safety initiatives

Options:

A- Both 1 and 2

B- 1 only

C- 2 only

D- Neither 1 nor 2

Answer:

A

Question 7

Question Type: MultipleChoice

Access to services is an important issue for both fee-for-service (FFS) Medicaid and managed Medicaid programs. Access to services under managed Medicaid is affected by the

Options:

A- lack of qualified providers in provider networks

B- lack of resources necessary to establish case management programs for patients with complex conditions

C- unstable eligibility status of Medicaid recipients

D- inability of Medicaid recipients to change health plans or PCPs

Answer:

C

Question 8

Question Type: MultipleChoice

Determine whether the following statement is true or false:

The key to successfully managing the quality and cost-effectiveness of healthcare services for Medicaid enrollees is to merge Medicaid recipients into existing plans.

Options:

A- True

B- False

Answer:

B

Question 9

Question Type: MultipleChoice

Recent laws and regulations have established new requirements for Medicaid eligibility. The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 affected Medicaid eligibility by

Options:

A- severing the link between Medicaid and public assistance

B- eliminating the need for applications for Medicaid and public assistance

C- allowing states to provide healthcare benefits to groups outside the traditional Medicaid population

D- providing supplemental funding for dual eligibles in the form of five-year block grants

Answer:

A

Question 10

Question Type: MultipleChoice

CMS has developed two prototype programs---Programs of All-inclusive Care for the Elderly (PACE) and the Social Health Maintenance Organization (SHMO) demonstration project---to deliver healthcare services to Medicare beneficiaries. From the answer choices below, select the response that correctly identifies the features of these programs.

Options:

A- PACE-annual limits on benefits for nursing home and community-based care SHMO-no limits on long-term care benefits

B- PACE-provide long-term care only SHMO-provide acute and long-term care

C- PACE-enrollees must be age 65 or older SHMO-enrollees must be age 55 or older

D- PACE-enrollment open to nursing home certifiable Medicare beneficiaries only SHMO-enrollment open to all Medicare beneficiaries

Answer:

D

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