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Question 1

Question Type: MultipleChoice

The two basic approaches that Medicaid uses to contract with health plans are open contracting and selective contracting. One true statement about these approaches to contracting is that:

Options:

- A- Open contracting requires health plans to meet minimum performance standards outlined in a state's request for proposal (RFP)
- B- Open contracting makes it possible for the Medicaid agency to offer enrollment volume guarantees
- C- Selective contracting requires any health plan that meets the state's performance standards and the federal Medicaid requirements to enter into a Medicaid contract
- D- Selective contracting requires health plans to bid competitively for Medicaid contracts

Answer:

D

Question 2

Question Type: MultipleChoice

The following statements are about Medicaid health plan entities. Select the answer choice containing the correct statement:

Options:

- A-** To keep Medicaid enrollment costs as low as possible, states typically prohibit the use of third-party entities known as enrollment brokers to handle the recruitment and enrollment of Medicaid recipients in health plan plans
- B-** Primary care case managers (PCCMs) are individuals who contract with a state's Medicaid agency to provide primary care services mainly to urban areas.
- C-** Typically, Medicaid beneficiaries must be given a choice between at least two health plan entities.
- D-** Medicaid health plan entities are responsible for providing primary coverage for all dually-eligible beneficiaries.

Answer:

C

Question 3

Question Type: MultipleChoice

The following statements are about waivers and the Medicaid program. Select the answer choice containing the correct statement:

Options:

- A-** The Balanced Budget Act (BBA) of 1997 eliminated the need for states to make formal applications for waivers.
- B-** Section 1115 waivers allow states to bypass the Medicaid program's usual requirement of giving recipients complete freedom of choice in selecting providers.
- C-** Title XVIII waivers allow states to mandate certain categories of Medicaid recipients to enroll in health plan plans.
- D-** Section 1915(b) waivers allow states to establish demonstration projects in order to test new approaches to benefits and services provided by Medicaid.

Answer:

A

Question 4

Question Type: MultipleChoice

One true statement about the Medicaid program in the United States is that:

Options:

- A-** The federal financial participation (FFP) in a state's Medicaid program ranges from 20% to 40% of the state's total Medicaid costs
- B-** Medicaid regulations mandate specific minimum benefits, under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, for all Medicaid recipients younger than age 30
- C-** The individual states have responsibility for administering the Medicaid program
- D-** Non-disabled adults and children in low-income families account for the majority of direct Medicaid spending

Answer:

C

Question 5

Question Type: MultipleChoice

The Omnibus Budget Reconciliation Act of 1986 (OBRA 1986) established the Programs of All-Inclusive Care for the Elderly (PACE). One characteristic of the PACE programs is that:

Options:

- A- They are available to United States citizens only after they reach age 65.
- B- They have an upper dollar limit.
- C- They receive a monthly capitation that is set at 100% of the Adjusted Average Per Capita Cost (AAPCC).
- D- PACE providers receive capitated payments only through the PACE agreement.

Answer:

D

Question 6

Question Type: MultipleChoice

The Bruin Health Plan is a Social Health Maintenance Organization (SHMO). As an SHMO, Bruin:

Options:

- A- Must provide Medicare participants with standard HMO benefits, as well as with limited long-term care benefits
- B- Does not need as great a variety of provider types or as complex a reimbursement method as does a traditional HMO
- C- Receives a payment that is based on reasonable costs and reasonable charges

D- Most likely provides fewer supportive services than does a traditional HMO, because one of Bruin's goals is to minimize the use of community-based care

Answer:

A

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