 ← Final Assessment Graded Quiz • 1h ✓ Congratulations! You passed! 	Due Apr 26, 2:59 PM CST
TO PASS 80% or higher	Keep Learning 88%
Final Assessment LATEST SUBMISSION GRADE 88%	
 Which of the following would <i>NOT</i> lead to an increase in the risk facing a population? The creation of new surgical techniques that replace earlier less expensive techniques The arrival of a costly drug that offered a new opportunity to treat a previously untreatable condition Building more hospitals, and an accompanying increase in the probability that a person will be hospitals. 	
 Expanding employment opportunities that lead to an increase in per-capita income Correct 	
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 Insurance companies and government programs are two different types of intermediaries. If you are a healthy person in a risk pool with people of a range of health statuses (i.e. sick and health individuals), your premium will likely be higher than your expected spending. 	althy
Private insurance can only be obtained through an employer. Correct	
 Which of the following is FALSE regarding healthcare delivery organizations such as physician practices the US? Essentially all delivery organizations are a part of a physician practice or a hospital 	s or hospitals in 1/1 point
Physician practices and the facilities in which physicians provide services are always integrated into organization. Healthcare delivery organizations can be operated by the government.	o the same
O Both non-profit and for-profit organizations face economic pressures. Correct	
 4. A 50-year-old woman goes to her doctor for her annual physical exam. At the visit, she receives a mam her annual influenza shot. Which level of care does this represent? Secondary 	mogram and 1/1 point
 Quaternary ← Final Assessment Graded Quiz • 1h 	Due Apr 26, 2:59 PM CST
✓ Correct	
 Which of the following regarding rising healthcare costs over time is true? While the total amount of spending on healthcare in the US is increasing, the percent GDP spent o not. 	n healthcare is
 Rising costs are easily justified because they almost always result from using expensive new technique and up improving population health outcomes. Aging of the population, increasing standards of living, and the adoption of new technologies, have contributed to spending growth. 	
This trend is only found in the United States. ✓ Correct	
 6. Which of the following is true about physician practices? Compared to large practices, small practices are more likely to have more sophisticated EHR system 	1/1 point
 Compared to large practices, small practices are more likely have multiple locations Compared to large practices, small practices tend to offer more in-house laboratory services Compared to large practices, small practices are more likely to be single-specialty 	
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 7. Which of the following is <i>MOST</i> likely to incentivize health care providers to over-utilize medical care? O Fee for service payment system O Paying physicians a salary 	0 / 1 point
Using "supply-side" tools such as gatekeepers Capitation payment system Increasing the number of expensive but not readily accessible diagnostic tools and services	
Incorrect Please review the content from week 2, Physicians, Physician Practices, and Physician Payment	in the state of th
 8. Which of the following does <i>NOT</i> accurately describe the Medicare Fee Schedule? O It is weighted in part by both the work a physician puts into a given procedure as well as the risk a undertakes in doing that procedure 	1/1 point physician
Details about it are available for public use It is updated from time to time It was developed by private insurance companies	
✓ Correct	
Final Assessment Graded Quiz • 1h Medicaid reimburses a physician a fixed amount to care for a panel of patients over a given time p	Due Apr 26, 2:59 PM CST
An independent practice association rewards its member groups based on how many new patient bring to the practice An urgent care physician reimburses her administrative assistant for every clinic shift he works	
Incorrect Please review the content from week 2, Physicians, Physician Practices, and Physician Payment	
10. Which of the following is true regarding the US healthcare system? Patients can only see physicians within the same practice so that all of their data is streamlined intercord	1/1 point to one EHR
Larger practices are more likely to have complete patient data than smaller practices Payment records are not a useful source of data, as they often do not accurately reflect the amount to a patient When payment records are used, those from capitation systems are more useful than those from capitation systems.	
○ When payment records are used, those from capitation systems are more useful than those from systems in assessing care utilization ✓ Correct	ree-for-service
11. Hospitals in the US can: Operate on a for-profit or a not-for-profit basis	1/1 point
Final Assessment Graded Quiz • 1h Have or lack an emergency department (ED)	Due Apr 26, 2:59 PM CST
Have or lack an intensive care unit (ICU) All of the above	
Correct 12. Which of the following accurately describes a hospital network, in the context of U.S. health insurance?	1/1 point
All hospitals within the same geographic area The group of physicians with admitting privileges at a hospital A group of hospitals with whom an insurer works, and whose enrollees are encouraged to use	
○ None of the above ✓ Correct	
13. Which of the following best describes the DRG system?	1/1 point
 It incentivizes efficient care by paying hospitals based on patient characteristics, not length of stay performed It is compatible with paying a hospital on a fee-for-service basis It gives a hospital a single payment for a patient with a given diagnosis, regardless of whether or n is an "outlier" 	
← Final Assessment Graded Quiz • 1h ✓ Correct	Due Apr 26, 2:59 PM CST
14. True of False? It is possible for the physician portion of a payment to be paid via a different mechanism service) than the facility portion.	n (e.g. fee-for-
True False	
Correct 15. Which payment system transfers the most risk to providers?	0 / 1 point
Per-diemGlobal budgetsDRG system	
Fee-for-service Incorrect Please review the content from week 3, Hospitals, Other Provider Organizations, and Related P	Payment
Systems. 16. Which of the following correctly matches a cost sharing/OOP spending tool to an example of it?	1/1 point
Final Assessment Graded Quiz • 1h Out-on-pocket maximum (OOF)- Arter a person's out-on-pocket spending reaches \$3,000 in a calend insurer will pay all the remaining costs in full.	Due Apr 26, 2:59 PM CST
 Copayment- A person must pay 30% of medical expenses and insurance will pay the other 70%. Coinsurance- A person pays for the first \$500 of health spending and then insurance covers any compared to the covers of the first \$500 of health spending and then insurance covers of the first \$500 of health spending and then insurance covers of the first \$500 of health spending and then insurance covers of the first \$500 of health spending and then insurance covers of the first \$500 of health spending and then insurance covers of the first \$500 of health spending and then insurance covers of the first \$500 of health spending and then insurance covers of the first \$500 of health spending and then insurance covers of the first \$500 of health spending and then insurance covers of the first \$500 of health spending and then insurance covers of the first \$500 of health spending and then insurance covers of the first \$500 of health spending and then insurance covers of the first \$500 of health spending and then insurance covers of the first \$500 of health spending and then insurance covers of the first \$500 of health spending and then insurance covers of the first \$500 of health spending and then insurance covers of the first \$500 of health spending and \$500 of health sp	st after that.
17. Which of the following <i>INCORRECTLY</i> pairs a tool used by intermediaries with an example of its use?	1/1 point
 Case management- an insurance company works with doctors to ensure that a patient receives ap follow-up care after returning home from a hospitalization. Tiered formulary- an insurance company requires a smaller copayment from patients when they upreferred by the company, usually generic drugs. 	
 Utilization review- an insurance company asks for a second physician's opinion before approving a surgery. Pre-admission review- prior to surgery, an insurance company requires that a patient get approval stay following surgery, or else the company will not pay for the hospitalization. 	
✓ Correct	
18. Assume a patient has an upcoming medical procedure that will cost \$1000. Cupped the patient is in a health plan with a \$500 deductible after which 20% coincurance applies. So	
Final Assessment Graded Quiz • 1h \$ Please write the answer in numeric form. No need to add a dollar sign.	Due Apr 26, 2:59 PM CST
Please write the answer in numeric form. No need to add a dollar sign. 200 Correct	
Correct 19. Which of the following is true regarding public and private health insurance?	1/1 point
 Within the private insurance market in the US, is uncommon for people to need to buy separate containing like optometry or dental care Individual private insurance companies in the US each offer one type of product (e.g. HMO, PPO) 	
 Countries have either public insurance or private insurance options, but not both If a government decides to act as a public intermediary, it can decide what type of plan to act most HMO, PPO) 	: like (e.g.
✓ Correct	
 20. Which of the following does <i>NOT</i> accurately describe Medicare? Medicare is a government-run program that covers adults age 65 years and older Medicare has been responsible for major innovations in the US healthcare system, including the D Final Assessment 	RG system and
Graded Quiz • 1h Though it covers physician and hospital costs, Medicare does not have provisions for covering prescosts	Due Apr 26, 2:59 PM CST scription drug
Correct 21. Which of the following is regulated by the EDA?	
21. Which of the following is regulated by the FDA? O Prescription drugs Over-the-counter drugs	1/1 point
 Medical devices Biologic products All of the above 	
✓ Correct	
Which of the following is true of generic drugs? They are generally made by the same manufacturer as the branded drug They are allowed to be close to but not the exact chemical composition as the branded drug	1/1 point
 Once they enter the market, the branded drug is no longer sold They go through a different FDA approval process than the original branded drug Final Assessment 	Due 4
Graded Quiz • 1h 23. You are a drug company finishing your New Drug Application with the US FDA for a newly discovered to	
Crohn's disease. You received a 20-year patent in 2012 for your drug, and you are expecting your NDA 2020. Based on this information, how many years will you have with your drug on the market before a to enter the market as a competitor? Final Assessment Graded Quiz • 1h	approval in
O 11 years O 8 years	
○ 20 years ✓ Correct	
24. Which of the following are potential uses of quality data? Monitoring and improvement of care	1/1 point
Public reporting in order to incentivize future quality improvements and assist patients in provider Designing better pay-for-performance metrics All of the above	selection
✓ Correct	
Which of the following is NOT an example of an outcome measure? Hospital readmission rates Patient-reported outcomes	1 / 1 point
Hospital mortality rates Percentage of providers appropriately credentialed	