


Question 1
Not yet answered
Marked out of 1
 Flag question

What is the amount paid by Sponsors to the Health plan for the coverage of members?

Select one:

- ☐ a. Premium
- ☐ b. Deductible
- ☐ c. Claims
- ☐ d. Commissions

Question 2
Not yet answered
Marked out of 1
 Flag question

Select all benefits the Affordable Care Act provided

Select one or more:

- ☐ a. Coverage for pre-existing conditions
- ☐ b. Benefit standards
- ☐ c. None of the listed options
- ☐ d. Guaranteed renewability

Question 3

Not yet answered

Marked out of 1

 Flag question

Which of the following describes Out-of-pocket maximum?

Select one:

- ☐ a. The insured pays a percentage of the medical expense, and the insurer pays the remaining percentage.
- ☐ b. A specified dollar amount of expenses covered by the policy before the insurer begins paying benefits.
- ☐ c. The maximum amount a plan will pay for a covered healthcare service
- ☐ d. The most you must pay for covered services in a plan year

Question 4

Not yet answered

Marked out of 1

 Flag question

The reimbursement for medical expenses incurred for services provided to members is called premiums. State True or False.

Select one:

- ☐ True
- ☐ False

Question 5

Not yet answered

Marked out of 1

 Flag question

Provider payment is explained and shared with the provider in which of the following documents?

Select one:

- ☐ a. Medicare Summary notice
- ☐ b. Explanation of Benefits
- ☐ c. Remittance Advice
- ☐ d. Benefit Summary

Question 6

Not yet answered

Marked out of 1

 Flag question

Remittance Advice will be sent to _____.


Select one:

- ☐ a. None of the listed options
- ☐ b. Provider Only
- ☐ c. Member and Provider
- ☐ d. Member only

Question 7

Not yet answered

Marked out of 1

 Flag question

What does Adjudication mean?


Select one:

- ☐ a. Paying the Claim
- ☐ b. None of the listed options
- ☐ c. Restoring the claim
- ☐ d. Processing the Claim

Question 8

Not yet answered

Marked out of 1

 Flag question

River City Emergency Room is billing for ER Charges, X-ray, and casting supplies, which claim form is utilized here?

Select one:

- ☐ a. Superbill
- ☐ b. UB04
- ☐ c. Charge Entry Form
- ☐ d. CMS 1500

Question 9

Not yet answered

Marked out of 1

 Flag question

ICD code sets are used by which of the following key healthcare players?


Select one:

- ☐ a. Employer groups
- ☐ b. Professional and facility billing
- ☐ c. Facility billing
- ☐ d. Professional billing

Question 10

Not yet answered

Marked out of 1

 Flag question

A health plan is reviewing fee schedules and provider payment methodologies. The claims data is used to generate experience reporting for each provider and service type. This an example of using claims information for

_____.


Select one:

- ☐ a. Benefit determination
- ☐ b. Member data aggregation
- ☐ c. Enrollment
- ☐ d. None of the listed options

Question 11

Not yet answered

Marked out of 1

 Flag question

Which of the following is sent to the provider, when he submits a claim as a representation of Services performed?


Select one or more:

- ☐ a. Payments
- ☐ b. Billing
- ☐ c. Remittance Advice
- ☐ d. None of the listed options

Question 12

Not yet answered

Marked out of 1

 Flag question

Which Medicare Part below does the statement below describe?

Covered medical services like doctors' services, outpatient care, and other medical service.


Select one:

- ☐ a. Medicare Part A
- ☐ b. Medicare Part B
- ☐ c. Medicare Part D
- ☐ d. Medicare Part C

Question 13

Not yet answered

Marked out of 1

 Flag question

Which Medicare Part does the statement below describe?

Hospital Insurance, covers inpatient hospital care, skilled nursing facility, hospice, lab tests, surgery, home health care.

Select one:

- ☐ a. Medicare Part C
- ☐ b. Medicare Part A
- ☐ c. Medicare Part D
- ☐ d. Medicare Part B

Question 14

Not yet answered

Marked out of 1

 Flag question

Which of the following group(s) are eligible for Medicare? Select all that apply


Select one or more:

- ☐ a. ESRD
- ☐ b. Permanently Disabled
- ☐ c. Sam, 67 Years old and retired
- ☐ d. Joe, 47 Years Old, working full time

Question 15

Not yet answered

Marked out of 1

 Flag question

Which of the following is a U.S Military Health care program?

Select one:

- ☐ a. MEDICAID
- ☐ b. MEDICARE
- ☐ c. CHIP
- ☐ d. TRICARE

Question 16

Not yet answered

Marked out of 1

 Flag question

Which of the following group(s) are eligible for Medicaid? Select all that apply


Select one or more:

- ☐ a. Low-income adults
- ☐ b. Aging population above the Federal Poverty Line (FPL)
- ☐ c. Children
- ☐ d. Covered by an employer-sponsored plan

Question 17

Not yet answered

Marked out of 1

 Flag question

Susan is a single mother with no income, very little savings and a 2-year-old daughter. Which government program do you think can help cover medical expenses for her daughter?

Select one:

- ☐ a. Medicare
- ☐ b. Medicaid
- ☐ c. SCHIP
- ☐ d. FEHBP

Question 18

Not yet answered

Marked out of 1

 Flag question

Medicare Part C provides coverage through which one among the following options?


Select one:

- ☐ a. Idemntiy Plans
- ☐ b. Medigap Plans
- ☐ c. Medicare Advantage Plans
- ☐ d. Railroad Retired Plans

Question 19

Not yet answered

Marked out of 1

 Flag question

What HMO Act of 1973 did NOT do?


Select one:

- ☐ a. Health Insurance members could go out-of-network for care.
- ☐ b. Health Maintenance Organizations were created
- ☐ c. Authorized for profit HMOs to contract with Independent Practice Associations (IPA)
- ☐ d. Contracts started with individual physicians for services and compensation

Question 20

Not yet answered

Marked out of 1

 Flag question

What were the results of Medicare Modernization Act of 2003?


Select one:

- ☐ a. Advancing interoperability
- ☐ b. Created two sets of rules based on the interoperability, patient access, and information blocking provisions.
- ☐ c. Preventing the interference of access, exchange, or use of electronic health information (EHI)
- ☐ d. Creation of a voluntary prescription drug benefit coverage for Medicare Part D recipients

Question 21

Not yet answered

Marked out of 1

 Flag question

What did the Health Insurance Portability and Accountability Act (HIPAA) of 1996 create?

Select one:

- ☐ a. Restriction on the use or disclosure of de-identified health information
- ☐ b. Privacy measures restricting the release of medical information without patient approval.
- ☐ c. Consumer directed Health Plan
- ☐ d. Managed Care

Question 22

Not yet answered

Marked out of 1

 Flag question

Who among the following options is the beneficiary who is enrolled with a Payer and receives the healthcare service?

Select one:

- ☐ a. Provider
- ☐ b. Clearing House
- ☐ c. Insurance Company
- ☐ d. Member

Question 23

Not yet answered

Marked out of 1

 Flag question

The rolling up of total amount/units met for Deductible or Out of pocket during each service in given period (calendar year, plan year etc...)


Select one:

- ☐ a. Eligibility
- ☐ b. Cost Shifting
- ☐ c. Accumulator
- ☐ d. None of the listed options

Question 24

Not yet answered

Marked out of 1

 Flag question

Mike's health plan has a PBM which administers the drug requirements of its members. Mike can obtain his drugs from the _____ of his PBM.

Select one or more:

- ☐ a. Specialty Pharmacies
- ☐ b. Mail Order Pharmacies
- ☐ c. Retail Pharmacies
- ☐ d. Procurement Center

Question 25

Not yet answered

Marked out of 1

Flag question

Wilma has been having stomach troubles for a few days now. She should immediately head to the emergency dept, instead of consulting her PCP. State True or False.

Select one:

- ☐ True
- ☐ False

Question 26

Not yet answered

Marked out of 1

Flag question

Which of the following is the best example of PHI?

Select one:

- ☐ a. DOB
- ☐ b. Procedure Code
- ☐ c. Name and Diagnosis Code
- ☐ d. Zip Code

Question 27

Not yet answered

Marked out of 1

Flag question

The US Spends massive portions of its GDP on healthcare. Survey findings indicate because of this the performance of health care and quality of care in the US is superior when compared with other countries. State True or False.

Select one:

- ☐ True
- ☐ False

Question 28

Not yet answered

Marked out of 1

 Flag question

Consumer-driven health plans entered the market in 2010 to shift cost and accountability. The shift was directed to who?


Select one:

- ☐ a. Health Plan Participants
- ☐ b. Health Plan Payers
- ☐ c. Employers
- ☐ d. Health Insurance Payers

Question 29

Not yet answered

Marked out of 1

 Flag question

Which of the following health plan limits coverage to care from doctors who work for or contract within the plan. It generally, won't cover out-of-Network care except in an emergency, may require you to live or work in its service area to be eligible for coverage, and often provide integrated care and focus on prevention and wellness?


Select one:

- ☐ a. Private Fee-for-Service (PFFS)
- ☐ b. Preferred Provider Organization (PPO)
- ☐ c. Health Maintenance Organization (HMO)
- ☐ d. Point-of-Service (POS)

Question 29

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- ☐ d. Point-of-Service (POS)

Question 30

Not yet answered

Marked out of 1

 Flag question

Which of the following health plans is this scenario describing?

Susan is experiencing some stomach pain and digestive problems. She is free to make an appointment with any provider within her network. If she feels that a general practitioner can diagnose and treat her, she can visit any general practitioner in her network. Or, if she feels more comfortable visiting a specialist, she can bypass the general practitioner and make an appointment with any of the gastroenterologists within the network. Or, if she wants to see a provider outside her network, she is free to do so. However, while that visit is still covered, it will be more expensive than seeing an in-network provider.

Select one:

- ☐ a. Preferred Provider Organization (PPO)
- ☐ b. Private Fee-for-Service (PFFS)
- ☐ c. None of the listed options
- ☐ d. Health Maintenance Organization (HMO)

Question 31

Not yet answered

Marked out of 1

 Flag question

Johnny is enrolled in an HMO plan. The HMO will pay a fixed amount to Johnny's PCP for whatever services that Johnny takes. State True or False.


Select one:

- ☐ True
- ☐ False

Question 32

Not yet answered

Marked out of 1

 Flag question

Jacob's health plan pays his doctor the same amount every month irrespective the number of times Jacob goes to doctor for care. This model is usually referred to as:

Select one:

- ☐ a. Per Diem
- ☐ b. Fee for Service
- ☐ c. Relative value Scale
- ☐ d. Capitation

Question 33

Not yet answered

Marked out of 1

 Flag question

Which of the following provider, accepts the traditional insurance or Medicare's allowed charge as payment in full for all their patients based on the provider's contract with the insurance company


Select one:

- ☐ a. None of the listed options
- ☐ b. Private Contract
- ☐ c. Federal Contract
- ☐ d. Participating (PAR)

Question 34

Not yet answered

Marked out of 1

 Flag question

The Physicians, hospitals, and other providers that a health plan has contracted with Payer to deliver medical services to its members are often referred to as the plan's - _____ or _____. (Select all that apply)


Select one or more:

- ☐ a. Skilled Nursing
- ☐ b. Delivery System
- ☐ c. Provider Network
- ☐ d. Urgent Care

Question 35

Not yet answered

Marked out of 1

 Flag question

John is not feeling well and want to get care from Provider. He should visit his Primary Care Physician first in HMO Plan Model. State True or False.


Select one:

- ☐ True
- ☐ False

Question 36

Not yet answered

Marked out of 1

 Flag question

Fee for Service model encourages providers to deliver more care. State True or False.

Select one:

- ☐ True
- ☐ False

Question 37

Not yet answered

Marked out of 1

 Flag question

What is pre-certification, or prior authorization typically used for?


Select one or more:

- ☐ a. Specialist office visit
- ☐ b. Primary care office visits.
- ☐ c. Routine laboratory tests
- ☐ d. Hospital admissions

Question 38

Not yet answered

Marked out of 1

 Flag question

The focus of a Utilization Review includes which of the following? (Select all that Apply)


Select one or more:

- ☐ a. Whether a Healthcare Service is medically necessary and appropriate
- ☐ b. None of the listed options
- ☐ c. Whether Healthcare services delivered at strictly the highest cost available in the area.
- ☐ d. Whether Healthcare service is delivered at the lowest cost available in the area

Question 39

Not yet answered

Marked out of 1

 Flag question

Dr. Batra ordered for two tests for a patient and an additional 5 tests just because he thought the patient had unrelated problems even the patient was not aware of. This kind of attitude of healthcare would most likely lead to what?

Select one:

- ☐ a. Technological advancement
- ☐ b. Reduction in health care costs
- ☐ c. Overutilization and unnecessary treatment
- ☐ d. High Quality of care

Question 40

Not yet answered

Marked out of 1

Flag question

Joseph's doctor prescribes an expensive specialty medication when an OTC drug could have been sufficient for Joseph's condition and case. This is a typical case of what?

Select one:

- ☐ a. Fraud
- ☐ b. Abuse
- ☐ c. Waste
- ☐ d. Gainsharing