1. Medical management can be divided into 3 broad catagories…

Utilization management, clinical,…

1. UR prorams use clinical practice guidelines….

Reduce…..

1. Concurrent review takes place….

True

1. Cheryl is a member with ABC insurance,…..

Service quality

1. A physician asks himself “is there a research….

Engaging

1. Which of the following is not true….

Once the PCP has referred….

1. Mr.Walter is admitted in a hospital……

Concurrent review

1. Peter is amember of XYZ health care insurance

Case management

1. Aetna insurance educates its plan members….

Self care program

1. Which UR data transmitted method is the fastest….

Electronic

1. Which of the following is most likely to be controversial….

Provider profiling

1. Post surgery, a member does not need full hospital care……

Hospital step down unit

1. Andy is assigned a health care professional who assesses….

Case management

1. Disease management focuses on population of patient….

True

1. HEDIS is designed primarily to be used by …..

The quality…..

1. A health plan….

Has to achieve 5 level of ncqa….

1. The parker health care corporation seeks to manage its quality by first

Benchmarking

1. The agency of health care research and quality is….

A research branch……..

1. A panel of pedastriants….

Peer review

1. A member has chest pain …..

Observation care unit

1. Percentage of health plan memebers…..

Process measure

1. Patient john is suffering from diabetes…..

Lack of health literacy…

1. Which form of utilization review is most likely…..

Retrospective review

1. A doctor treating a patient with diabetics….

Clinical practice guideline

1. When are experience based criteria generally used?

When research based utilization guidelines are challenged

1. A hospital identifies another hospital…

Benchmarking

1. Rafael can access data about different….

Web based decision

1. ABC health plan identifies st.Peter’s hospital…

Benchmarking

1. If both prospective and retrospective….

Prospective

1. HEDIS is designed primarily…..

The quality of ……

1. Which of the utilization management focuses on population?

Disease management

1. Sachin has a question about this health coverage….

Plan service quality

1. While maria is being treated for an illness….

Concurrent utilization review

1. A diabetes patient wants to stay in a hoapital……

Lack of health literacy.

1. -------ensures that a health plan network….

Structure measure

1. Novok’s doctor gives him information about………

Shared decision

1. Which among the following is not true about a health plan internal standards?

They are typically applied to health care

1. A health plan analyzes data from different gynecologists….

Provider profiling

1. Subjecting all health care services……

Neither…..

1. Using a code for a procedure…..

Upcoding

1. Which of the following statement is true?

After actions are taken…

1. Plan evaluates authorization….

I, II, III

1. After 5 yrs of treatment….

Outcome measures

1. A panel of pediatrician evaluates….

Peer review

1. Select true statement?

Structure and process produce

1. A certain percentage of patient…

Functional outcomes

1. A health plan analyzes data from….

Provider profiling

1. Case management is used for ……

High risk, high cost and / or chronical disease

1. Identify the main disadvantage…

Link to outcome

1. Post surgery, a member does not need full hospital…..

Hospital step down unit

1. Average claim processing…..

Process measure of service quality

1. The two main components of quality management…

Quality assessemnet

Quality improvement

1. Patient rick is suffering from colorectal cancer….

Standard decision making

1. Inorder to receive a large payment…….

Unbundling

1. ABC health insurance has developed a program….

Self care program.