

1. Which of the following would **NOT** lead to an increase in the risk facing a population?

1 / 1 point

- ☐ Building more hospitals, and an accompanying increase in the probability that a person will be hospitalized
- ☐ 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
- ☒ Expanding employment opportunities that lead to an increase in per-capita income

✓ Correct

2. Which of the following is true regarding risk or risk pooling?

1 / 1 point

- ☐ Risk pooling is beneficial for patients, but not for healthcare providers.
- ☐ Risk pooling typically reduces the chance that someone would get health care that they don't really need.
- ☒ Risk pooling normally replaces an individual's small chance of facing a potentially large cost with the certainty of facing a smaller cost.
- ☐ Risk pooling does not occur in countries where the government pays for healthcare using tax revenues.

✓ Correct

3. Which of the following is **FALSE** regarding healthcare delivery organizations such as physician practices or hospitals in the US?

1 / 1 point

- ☐ Both non-profit and for-profit organizations face economic pressures.
- ☒ Physician practices and the facilities in which physicians provide services are always integrated into the same organization.
- ☐ Essentially all delivery organizations are a part of a physician practice or a hospital
- ☐ Healthcare delivery organizations can be operated by the government.

✓ Correct

4. A 50-year-old woman goes to her doctor for her annual physical exam. At the visit, she receives a mammogram and her annual influenza shot. Which level of care does this represent?

1 / 1 point

- ☐ Quaternary
- ☒ Primary
- ☐ Tertiary
- ☐ Secondary

✓ Correct

5. The workflow of which group within the US healthcare system would be impacted most immediately from an artificial intelligence tool that increased a physician's ability to accurately diagnose breast cancer from imaging?

1 / 1 point

- ☐ Private insurance companies
- ☒ Specialty physicians
- ☐ Government intermediaries
- ☐ Nurse practitioners

✓ Correct

6. Which of the following is true about physician practices?

1 / 1 point

- ☐ Compared to large practices, small practices are more likely to have more sophisticated EHR systems
- ☒ Compared to large practices, small practices are more likely to be single-specialty
- ☐ Compared to large practices, small practices tend to offer more in-house laboratory services
- ☐ Compared to large practices, small practices are more likely have multiple locations

✓ Correct

7. Which of the following most accurately describes a "physician network," in the context of U.S. health insurance?

1 / 1 point

- ☐ A group of physicians who all work at hospitals contracted by the insurer
- ☒ A group of physicians who have been contracted by an insurance company to provide care to the insurance company's members
- ☐ A group of physicians who have independently agreed to work together on the care of a single patient covered by an insurer
- ☐ A group of physicians who are within the same geographic area

✓ Correct

8. Which of the following does **NOT** accurately describe the Medicare Fee Schedule?

1 / 1 point

- ☐ It is weighted in part by both the work a physician puts into a given procedure as well as the risk a physician undertakes in doing that procedure
- ☒ It was developed by private insurance companies
- ☐ It is updated from time to time
- ☐ Details about it are available for public use

✓ Correct

9. Which of the following is true of capitation?

1 / 1 point

- ☐ Capitation combats the problem of adverse selection since providers will want to take the sickest patients.
- ☒ Capitation incentivizes providers to provide fewer costly, time-intensive services than fee for service payments.
- ☐ Capitation pays the provider a fixed amount for a specific service; for example, one knee replacement.
- ☐ Physicians will benefit from having as few people in their panel as possible.
- ☐ Capitation shifts risk from the provider to the insurer.

✓ Correct

10. Which of the following is true regarding the US healthcare system?

1 / 1 point

- ☒ Larger practices are more likely to have complete patient data than smaller practices
- ☐ When payment records are used, those from capitation systems are more useful than those from fee-for-service systems in assessing care utilization
- ☐ Patients can only see physicians within the same practice so that all of their data is streamlined into one EHR record
- ☐ Payment records are not a useful source of data, as they often do not accurately reflect the amount of care given to a patient

✓ Correct

11. Hospitals in the US can:

1 / 1 point

- ☐ Operate on a for-profit or a not-for-profit basis
- ☐ Be publicly or privately owned
- ☐ Be teaching or non-teaching
- ☐ Have or lack an emergency department (ED)
- ☐ 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 does **NOT** accurately match a hospital reimbursement term with a description?

1 / 1 point

- ☐ Fee-for-service, An insurance company reimburses a hospital for each laboratory service given to a patient
- ☐ Per diem, Medicare reimburses a hospital for each day a patient is admitted
- ☐ Prospective payment, Medicare reimburses a hospital a fixed amount for a patient admitted with a diagnosis of pneumonia, regardless of the care received
- ☒ Global budget, Medicaid reimburses a hospital for every treatment a patient receives during the length of her stay

✓ Correct

14. True or False? It is possible for the physician portion of a payment to be paid via a different mechanism (e.g. fee-for-service) than the facility portion.

1 / 1 point

- ☒ True
- ☐ False

✓ Correct

15. Which payment system transfers the most risk to providers?

1 / 1 point

- ☐ Per-diem
- ☒ Global budgets
- ☐ DRG system
- ☐ Fee-for-service

✓ Correct

16. Which of the following correctly matches a cost sharing/OOP spending tool to an example of it?

1 / 1 point


- ☐ Deductible- A person has to pay \$25 for each doctor visit and insurance will cover the rest.
- ☒ Out-of-pocket maximum (OOP)- After a person's out-of-pocket spending reaches \$3,000 in a calendar year, the insurer will pay all the remaining costs in full.
- ☐ 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 cost after that.

✓ Correct

17. Which of the following **INCORRECTLY** pairs a tool used by intermediaries with an example of its use?

0 / 1 point

- ☐ Tiered formulary- an insurance company requires a smaller copayment from patients when they use the drugs preferred by the company, usually generic drugs.
- ☐ Case management- an insurance company works with doctors to ensure that a patient receives appropriate follow-up care after returning home from a hospitalization.
- ☐ Utilization review- an insurance company asks for a second physician's opinion before approving a patient's surgery.
- ☒ Pre-admission review- prior to surgery, an insurance company requires that a patient get approval for a hospital stay following surgery, or else the company will not pay for the hospitalization.

 **Incorrect**
Please review the content from week 4, Intermediaries, Health Insurance Plans, and Health Care Financing.

18. Assume a patient has an upcoming medical procedure that will cost \$1000.

1 / 1 point

Suppose the patient is in a health plan with a \$50 copay for medical procedures. Suppose that the patient has previously had \$2000 in health care expenses in the year. How much can the patient expect to pay out of pocket for this procedure?

\$ _____

Please write the answer in numeric form. No need to add a dollar sign.

50

 **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 coverage for things like optometry or dental care
- ☐ 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 like (e.g. HMO, PPO)
- ☐ Individual private insurance companies in the US each offer one type of product (e.g. HMO, PPO)

 **Correct**

20. Which of the following does **NOT** accurately describe Medicare?

1 / 1 point

- ☐ Most of the financing for Medicare comes from taxpayer dollars
- ☒ Though it covers physician and hospital costs, Medicare does not have provisions for covering prescription drug costs
- ☐ 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 DRG system and the concept of ACOs

 **Correct**

21. Which of the following is regulated by the FDA?

1 / 1 point

- ☐ Prescription drugs
- ☐ Over-the-counter drugs
- ☐ Medical devices
- ☐ Biologic products
- ☒ All of the above

 **Correct**

22. Which of the following is true of generic drugs?

1 / 1 point

- ☐ 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
- ☐ 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

✓ Correct

23. You are a drug company finishing your New Drug Application with the US FDA for a newly discovered treatment for Crohn's disease. You received a 20-year patent in 2012 for your drug, and you are expecting your NDA approval in 2020. Based on this information, how many years will you have with your drug on the market before a generic is able to enter the market as a competitor?

1 / 1 point

- ☐ 20 years
- ☒ 12 years
- ☐ 8 years
- ☐ 25 years
- ☐ 11 years

✓ Correct

24. Which of the following are potential uses of quality data?

1 / 1 point

- ☐ Monitoring and improvement of care
- ☐ Public reporting in order to incentivize future quality improvements and assist patients in provider selection
- ☐ Designing better pay-for-performance metrics
- ☒ All of the above

✓ Correct

25. What the major reason risk adjustment methods are important to use when measuring outcomes?

1 / 1 point

- ☐ To account for variation in the types of procedures physicians use to treat the same condition
- ☒ To account for differences in patients presenting with the same condition
- ☐ To account for differences in diagnostic capabilities at different hospitals
- ☐ To account for differences in provider efficiency between geographic regions

✓ Correct