1. PBMs try to influence physicians to use mail order pharmacies more since they help reduce cost-true
2. Dr.harsha treated a patient. He would be reimbursed by a – payer
3. HIPAA primarily tries to increase access to healthcare and reduce costs by simplifying administrative procedures – true
4. As of 2012 healthcare spending as part of the GDP is – 17.20%
5. Which of these are the primary stakeholders of healthcare – radiology facility, medical tourism companies
6. PBMs are able to procure medicines at a lower cost from drug manufacturers only because they pay in cash – false
7. Which of these are emerging trends in healthcare in the US – ACOs, connected health, patient engagement
8. Gwen is enrolled in a PPO. She needs to go for a regular checkup and has two hospitals near her home. She knows one is in her PPO network and the other is not. Her primary consideration is expense. What do think she should do? – Go to the in network hospitals since in network hospitals are less expensive
9. The primary onus of negotiating discounts and rebates with drug manufacturers lies with – PBM
10. Some of the reason for rising healthcare costs are – demographic changes, technological advancement
11. Kevin received a letter from his health plan with a breakdown about the cost of his recent visit to his doctor. This is called coordination of benefits(COB) – false
12. The rise of public exchange is one of the factors why the healthcare industry model is moving from that of a business-to-business to business-to-consumers – true
13. Formulary management is when a pharmacy dispenses a preferred drug rather than a prescribed drug in order to maintain its stock of drugs – false
14. Wilma has been having stomach troubles for a few days now. She should immediately head to the emergency department instead of consulting her PCP – true
15. Kristina had an unfortunate incident with fire. But is now doing much better. Though she does not require acute care her doctor has advised a shorter period of stay in the hospital. Where do you think she will be transferred to? – observation care units
16. For a DRG payment the period of stay and care is also an important factor – true
17. Medicare part A covers the physician’s professional services fee and Medicare part B covers the cost of inpatient hospital services. Confinement in nursing facilities or any other facility after hospitalization – false
18. Quality of healthcare is generally measured in terms of the number of procedures that can be done within the cost being quoted – true
19. The group market is the leading mode of healthcare insurance – true
20. Ms Sheila is a healthcare agent and works with the employees of sideburn inc to make adequate healthcare decisions. Ms Sheila is a – payer
21. Carve outs can be comprehensive or partial depending on the extend of activities a MCO plan to conduct – true
22. PPOs are same as HMOs and have a PCP but with lower cost – true
23. Barney is 54 years old and suffer from a high cholesterol condition. Melinda who is 58 years old also suffers from high cholesterol condition. If the healthcare plan determines they belong to the same ……………… then the payments for their treatments would essentially be the same – age group
24. Richard underwent two procedures with values 7 and 11. The plan pays a negotiated dollar amount of$14. What’s the total amount the plan would pay for Richard’s procedure - $11
25. Specialty drugs cost nearly 11.8% of drug cost while accounting for only 0.5% of prescriptions – true
26. All employers which provided indemnity health insurance to 25 or more employees had to provide a federally qualified HMO(if requested). This is called – dual choice
27. Jordan owns a metal works factory. There is a lot of dust, pollution and hazards which his employees have to deal with while working. He wants to provide healthcare facilities for his employees at work. He can do this through – occupational healthcare services
28. Melissa went to her family doctor for a checkup and had to pay $10 and then $12 of her bill of $135. What was the $10 for? – copay
29. MLR in healthcare parlance stands for – medical loss ratio
30. What are the key tenets of patient engagement and consumerism?

l. personal, predictive and preventive

ll mhealth, mwellness

lll transparency of price, quality and outcomes

4. HIX – 1,2 & 3

1. Jack had to pay $340 from his pocket since his coverage started before his plan would start paying for him. This $340 is part of the – deductible
2. ……………… is an integrated system of healthcare financing and delivery – managed care
3. Kevin’s doctor wants to prescribe a very expensive medication for his condition. Kevin’s PBM would most like carry out a ……………………. Before the drug is dispensed – drug utilization review
4. PBMs are able to reduce the cost of prescription drugs through – reduce fraud and wastage, efficient drug procurement
5. Jacob’s health plan pays his doctor the same amount every month irrespective the number of times he goes to him for care. This model is usually referred to as – capitation
6. Payers are private entities only and they pay for all the incurred by a provider – false
7. POS networks require – PCP referral for out of network cases
8. PBMs provide various administrative services like – pharmacy network administration, claims processing services
9. The reimbursement for medical expenses incurred for services provided to members is called premiums – false
10. HIPAA doesn’t provide any provisions for coverage for small groups – false
11. PPACA ends lifetime limits on coverage – false
12. POS are somewhere in between HMOs and PPOs – true
13. Which healthcare financing mechanism requires educational, mental, financial, physical and procedural resources to be accounted for while determining the cost of a procedure or care? – resource based relative value scale
14. Luna just received information from her doctor about her diagnosis and health conditions. She is a very private person and does not want to let this information reach her family. She can ask for restrictions to be placed on her health records under HIPAA – true
15. SMAC and big data are connected health concepts influencing the future of healthcare – false
16. A medical home is a home inside a hospital for families of patients to stay – false
17. Ms Sheila is a healthcare agent and works with the employees of sideburn inc to make adequate healthcare decisions. Ms Sheila is a – payer
18. …………………. Is an integrated system of healthcare financing and delivery – managed care
19. PPACA ends life time on coverage – false
20. MLR in healthcare parlance stands for – medical loss ratio
21. PBMs are able to reduce the cost of prescription drugs through – reduce fraud and wastage, efficient drug procurement
22. Some of the reason for rising healthcare costs are – demographic changes, technological advancement
23. HIPAA doesn’t provide any provisions for coverage for small groups – false
24. A usual customary and reasonable fee is determined by the amount commonly charged by physicians in the region – true
25. Joseph’s doctor prescribes an expensive specially medication when an OTC drug could have been sufficient for joseph’s condition and case. This is typical case of – abuse
26. Formulary management is when a pharmacy dispenses a preferred drug rather than a prescribed drug in order to maintain its stock of drugs – false
27. Specialty drugs cost nearly 11.8% of drug cost while accounting for only 0.5% of prescriptions – true
28. Which of these are governments sponsored healthcare plans? – Tricare
29. Monica’s physician has decided to prescribe her medication and formulations which are suitable specifically for her genetic profile. This is an example of physician engagement – false
30. Dr.harsha treated a patient. He would be reimbursed by a – payer
31. Omar is in dire need of emergency care but be cannot go to his nearest hospital emergency ward since the PPACA act forbids it – false
32. The primary onus of negotiating discounts ad rebates with drug manufacturers lies with – PBM
33. ACO’s are focused on health and wellness of a population – true
34. Which of these are generally considered carve outs? Behavioral, dental
35. Which of these are emerging trends in healthcare in US? – connected health, patient engagement, ACOs
36. HIPAA primarily tries to increase access to healthcare and reduce costs by simplifying administrative procedures – true
37. Self-funded plans. Unless exempted create rights and obligations under the employee retirement income security act of 1974(‘erisa’) – true
38. Greg requires to be admitted in a hospital for an appendicitis operation. What kind of care do you think he will need? – urgent care
39. Medicare part A covers the physician’s professional services fee and Medicare part B covers the cost of inpatient hospital services. Confinement in nursing facilities or any other facility after hospitalization – false
40. Krish is a qualified clinician who’s main job is identifying members with special healthcare needs. Developing an individualized strategy to meet their needs and coordinating and monitoring their healthcare. Which aspect of utilization management is krish working towards? – case management
41. Gwen is enrolled in a PPO. She needs to go for a regular checkup and has two hospitals near her home. She knows one is in her PPO network and the other is not. Her primary consideration is expense. What do think she should do? – Go to the in network hospitals since in network hospitals are less expensive
42. In 2011 the US was spending……………per person on healthcare - $8.508
43. The rise of public exchange is one of the factors why the healthcare industry model is moving from that of a business-to-business to business-to-consumers – true
44. Fee for service model encourages providers to deliver more care – false
45. Johnny is enrolled in an HMO, the HMO will pay a fixed amount to his PCP on his behalf for a certain length of time for whatever services Johnny takes – true
46. Kevin received a letter from his health plan with a breakdown about the cost of his recent visit to his doctor. This is called coordination of benefits(COB) – false
47. For a DRG payment the period of stay and care is also an important factor – true
48. Jacob is recovering from a near fatal car crash. His PCP has recommended rest and recuperation at his home. This kind of care is generally referred as - acute care
49. What are the key tenets of patient engagement and consumerism?

l. personal, predictive and preventive

ll mhealth, mwellness

lll transparency of price, quality and outcomes

4. HIX – 1,2 & 3

1. PBMs provide various administrative services like – pharmacy network administration, claims processing services
2. Federally qualified HMOs were provided exemption from state laws in order to help in their growth – false
3. Jordan owns a metal works factory. There is a lot of dust, pollution and hazards which his employees have to deal with while working. He wants to provide healthcare facilities for his employees at work. He can do this through – occupational healthcare services
4. John’s employer finances the cost of healthcare services. So that would make him a – plan sponsor
5. What do you think is the correct payer process flow?

1 provider…..

2 payer…..

3 member pays…….

4 vendor……

5 member visits….. – 3,5,1,2,4

1. PBMs are able to procure medicines at a lower cost from drug manufacturers only because they pay in cash – false
2. Aston was in the army and has since been discharged honorably after being injured during action. TRICARE is the program which should be responsible for his family and his healthcare needs – true
3. When an employer assumes the financial risk of payment of claims for benefits to its employees then it’s a – self funded plans
4. Which of these are emerging provider trends for 2014? – connected health, value based care, patient engagement
5. Underwriting is the process of identifying and classifying the risk represented by an individual or group - true
6. Barney is 54 years old and suffer from a high cholesterol condition. Melinda who is 58 years old also suffers from high cholesterol condition. If the healthcare plan determines they belong to the same ……………… then the payments for their treatments would essentially be the same – age group
7. Hospice care is the right kind of care setting for patients suffering from cancer – true
8. Ms Sheila is a healthcare agent and works with the employees of sideburn inc to make adequate healthcare decisions. Ms. Sheila is a – payer
9. This mode of payment tends to account for all the resources which are involved in providing care to the patients – resource based relative value scale
10. Kevin’s doctor wants to prescribe a very expensive medication for his condition. Kevin’s PBM would most like carry out a ……………………. Before the drug is dispensed – drug utilization review
11. 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 – procurement center, mail order pharmacies, retail pharmacies
12. Kristina had an unfortunate incident with fire. But is now doing much better. Though she does not require acute care her doctor has advised a shorter period of stay in the hospital. Where do you think she will be transferred to? – observation care units
13. The US spends massive portions of its GDP on healthcare. Survey findings indicate because of this the performance of healthcare and quality of care in the US is superior when compared with other countries – false
14. Therapeutic substitutions refers to when a generic drug substituted for a branded drug - false
15. Johnny is enrolled in an HMO, the HMO will pay a fixed amount to his PCP on his behalf for a certain length of time for whatever services Johnny takes – true
16. Match the following

An individual or an institution that provides preventive….. – healthcare worker

A healthcare professional an allied…….. – Healthcare provider

Hospitals, clinics, primary care……….. – Health facilities

1. The primary onus of negotiating discounts and rebates with drug manufacturers lies with – PBM
2. Key utilization management techniques are – case management, disease management
3. PBMs are able to reduce the cost of prescription drugs through – reduce fraud and wastage, efficient drug procurement
4. Medicare is primarily financed by employers and supported by employees – false
5. Alisa is enrolled with a HMO and has been having a bad headache. She decided to go to specialist a friend recommended without consulting her PCP. Her HMO will – reimburse her not for the visit but for clinical cost accrued in network hospitals
6. Which of these can be considered a hospital from a care setting perspective? – physicians offices, nursing homes
7. Traditional indemnity plans place restrictions on the providers a member can go to and the number of times they can go – false
8. John is not feeling well and wants to get care from a provider. He should visit his primary care physician – true
9. Toby just finished his visit with his physician. He should immediately gather all his bills from the doctor’s office and send them to his insurance company so they can pay the doctor the remainder of his fees – true
10. Which of these are governments sponsored healthcare plans? – Tricare, SCHIP, FEHBP
11. ACOs are focused on health and wellness of a population – true
12. PBMs provide various clinical services like – manufacturer contracting
13. Dan and Molina are in their 60s and have a number of healthcare problems which require them to visit physicians and hospitals quite frequently. Which other healthcare model might be better for their needs? – home health care
14. Jack had to pay $340 from his pocket since his coverage started before his plan would start paying for him. This $340 is part of the – premium
15. Susan is a single mother with no income. Very little savings and a 2 year old daughter. Which government program do you think can help cover medical expenses for her daughter? – SCHIP
16. All HMOs were federally qualified – false
17. Kevin received a letter from his health plan with a breakdown about the cost of his recent visit to his doctor. This is called coordination of benefits(COB) – true
18. The provider pays for majority of the cost of treatment – false
19. The qualified EHR is supposed to have – health information exchange capabilities, patient demographic and clinical health information, capacity to provide clinical decision support
20. A usual customary and reasonable fee is determined by the amount commonly charged by physicians in the region – false
21. Which of these are new models of integration being observed? – strategic orchestration, hospital collaboration, vertical integration
22. Which of these constitute medical management activities? – clinical practice management, quality management, utilization management
23. Drugs costing more than……………$ per month are classified as specialty drugs – 600
24. Dr. Chester is trying to bring elements of medical management by putting a quality reporting and check process. What he is attempting to do is – quality management
25. Since the PPACA act. Layla has to go to the PCP recommended by the plan instead of a doctor of her choice – false
26. Under HIPAA and eligible individual is to be issued coverage automatically without a medical examination and without regard to preexisting conditions – true
27. Federally qualified HMOs were provided exemption from state laws in order to help in their growth – true
28. The goal of utilization management is for the member to receive the right services at the right time in the right place – true
29. A fee schedule based on UCR fees is same as Fee For Service and does not put any limits on the amounts - true
30. Patients with problems that require immediate attention but are not considered being life or limb-threatening can be looked at in hospice care – false
31. Bob used to have group coverage but since losing his job he is without coverage and is neither eligible for Medicare or Medicaid. Which provision of the HIPAA act could help Bob? – individual coverage provisions
32. The HITECH act requires physicians to demonstrate…………… of a qualified, certified HER – meaningful use
33. The town of Appleseed want to put in place a digital system by which every disease/diagnosis reported in all the providers in its jurisdiction could be collated and report generated about the healthcare needs of the population. This is an example of case management, one of the key utilization management techniques – true
34. Alias is enrolled with a HMO and has been having a bad headache. She decided to go to a specialist a friend recommended without consulting her PCP. Her HMO will – not reimburse her for any expenses incurred out of network
35. PBMs were able to bring down drug costs for many organizations by as much as – 15% - 40%
36. The key utilization management techniques are – case management, disease management
37. PBMs provide various clinical services like – formulary management, utilization management
38. Jacob is an amputee and falls in the low income category. Who is primarily responsible for his healthcare needs? – Medicaid
39. PBMs help in controlling prescription drug costs – true
40. The purpose of HITECH act is to make cheaper health plans available for people – false