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Question 1

Question Type: MultipleChoice

The Stateside Health Plan uses the following outcomes measures to evaluate the quality of its diabetes disease management program.

Measure A: Incidence of foot ulcers among long-term diabetes patients

Measure B: Ability of long-term diabetes patients to m

Options:

- A- Measure A clinical status Measure B patient perception
- B- Measure A clinical status Measure B functional status
- C- Measure A functional status Measure B patient perception
- D- Measure A functional status Measure B clinical status

Answer:

B

Question 2

Question Type: MultipleChoice

The statements below describe technology used by two MCOs to respond to incoming telephone calls:

-The Morton MCO uses an automated system that answers telephone calls with recorded or synthesized speech and prompts the caller to respond to a menu of opt

Options:

- A-** Autumn's device is best described as an interactive voice response (IVR) system.
- B-** Both Morton's system and Autumn's device are applications of computer/telephony integration (CTI).
- C-** Morton's system is best described as an automatic call distributor (ACD).
- D-** Morton's system can be correctly characterized as an expert system.

Answer:

B

Question 3

Question Type: MultipleChoice

The statements below describe technology used by two health plans to respond to incoming telephone calls:

-The Manor Health Plan uses an automated system that answers telephone calls with recorded or synthesized speech and prompts the caller to respond t

Options:

- A-** Manor's system is best described as an automated call distributor (ACD).
- B-** Both Manor's system and Squire's device are applications of computer/telephone integration (CTI).
- C-** Squire's device is best described as an interactive voice response (IVR) system.
- D-** All of these statements are correct.

Answer:

B

Question 4

Question Type: MultipleChoice

The Robust Health Plan sometimes uses prospective experience rating to calculate the premiums for a group. Under prospective experience rating, Robust most likely will:

Options:

- A-** At the end of a rating period, the financial gains and losses experienced by the group during that rating period and, if the group's experience during the period is better than expected, refund part of the group's premium in the form of an experience ratio
- B-** Use Robust's average experience with all groups to calculate this particular group's premium.
- C-** Use the group's past experience to estimate the group's expected experience for the next period.
- D-** All of the above

Answer:

C

Question 5

Question Type: MultipleChoice

The provision of mental health and chemical dependency services is collectively known as behavioral healthcare. The following statements are about behavioral healthcare. Three of these statements are true and one statement is false. Select the answer choice

Options:

- A-** Factors that have increased the demand for behavioral healthcare services include increased stress on individuals and families and the increasing availability of behavioral healthcare services.
- B-** To manage the delivery of behavioral healthcare services, managed behavioral health organizations (MBHOs) use only two basic strategies: alternative treatment levels and crisis intervention.
- C-** The treatment approaches for behavioral healthcare most often include drug therapy, psychotherapy, and counseling.
- D-** The development of alternative treatment options, incorporation of community-based resources into the healthcare system, and increased reliance on case management have shifted the emphasis of managed behavioral healthcare from meeting the service needs of

Answer:

B

Question 6

Question Type: MultipleChoice

The provision of mental health and chemical dependency services is collectively known as behavioral healthcare. The following statements are about behavioral healthcare. Select the answer choice containing the correct statement.

Options:

- A-** In most preferred provider organizations (PPOs) and open access plans, plan members must receive a referral before accessing behavioral healthcare services from a specialist.
- B-** To manage the delivery of behavioral healthcare services, managed behavioral health organizations (MBHOs) typically use alternative treatment levels and alternative treatment methods rather than crisis intervention or alternative treatment settings.
- C-** Managed behavioral health organizations (MBHOs) typically are prohibited from negotiating with network providers for reduced fees in exchange for increased patient volume.
- D-** The treatment approaches for behavioral healthcare most often include drug therapy, psychotherapy, and counseling.

Answer:

B

Question 7

Question Type: MultipleChoice

The process that Mr. Sybex used to identify and classify the risk represented by the Koster Group so that Intuitive can charge premiums that are adequate to cover its expected costs is known as

Options:

A- coinsurance

B- plan funding

C- underwriting

D- pooling

Answer:

C

Question 8

Question Type: MultipleChoice

The process of calculating the appropriate premium to charge purchasers, given the degree of risk represented by the individual or group, the expected costs to deliver medical services, and the expected marketability and competitiveness of the health plan

Options:

A- financing

B- rating

C- underwriting

D- budgeting

Answer:

B

Question 9

Question Type: MultipleChoice

The Polestar Company's sole business is the ownership of Polaris Medical Group, a health plan and subsidiary of Polestar. Some members of Polestar's board of directors hold positions with Polestar in addition to their positions on the board; the rest are

Options:

A- Polestar's relationship to Polaris: partnership Type of board member: operations director

B- Polestar's relationship to Polaris: partnership Type of board member: outside director

C- Polestar's relationship to Polaris: holding company Type of board member: operations director

D- Polestar's relationship to Polaris: holding company Type of board member: outside director

Answer:

D

Question 10

Question Type: MultipleChoice

The parties to the contractual relationship that provides Castle's group health coverage to Knoll employees are

Options:

A- Castle and Knoll only

B- Knoll and all covered Knoll employees only

C- Castle, Knoll, and all covered Knoll employees

D- Castle and all covered Knoll employees only

Answer:

A

Question 11

Question Type: MultipleChoice

The participating physicians remain independent practitioners who operate out of their own offices and can treat other patients in addition to Kayak plan members. Kayak can correctly be characterized as

Options:

- A- a closed-panel HMO
- B- an open-panel HMO
- C- a direct contract model HMO
- D- a dual choice HMO

Answer:

B

Question 12

Question Type: MultipleChoice

The paragraph below contains two pairs of terms enclosed in parentheses. Determine which term in each pair correctly completes the paragraph. Then select the answer choice containing the two terms you have selected.

The Harbor Health Plan convened a litigation

Options:

- A- a standing / ongoing
- B- a standing / specific
- C- an ad hoc / ongoing
- D- an ad hoc / specific

Answer:

D

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