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Question 1

Question Type: MultipleChoice

The Azure Health Plan strives to ensure for its plan members the best possible level of care from its providers. In order to maintain such high standards, Azure uses a variety of quantitative and qualitative (behavioral) measures to determine the effectiveness of its providers. Azure then compares the clinical and operational practices of its providers with those of other providers outside the network, with the goal of identifying and implementing the practices that lead to the best outcomes.

Qualitative measures that Azure could use to assess provider performance include an evaluation of how

Options:

- A- Quickly the provider responds to plan members' inquiries
- B- Effectively the provider communicates with plan members
- C- Often the provider refers plan members for ancillary services
- D- Many plan members visit the provider per month

Answer:

C

Question 2

Question Type: MultipleChoice

Dr. Sarah Carmichael is one of several network providers who serve on one of the Apex Health Plan's organizational committees. The committee reviews cases against providers identified through complaints and grievances or through clinical monitoring activities. If needed, the committee formulates, approves, and monitors corrective action plans for providers. Although Apex administrators and other employees also serve on the committee, only participating providers have voting rights. The committee that Dr. Carmichael serves on is a

Options:

- A- Utilization management committee
- B- Peer review committee
- C- Medical advisory committee
- D- Credentialing committee

Answer:

B

Question 3

Question Type: MultipleChoice

The Blanchette Health Plan uses a method of claims submission that allows its providers to submit claims directly to Blanchette through a computer application-to-application exchange of claims using a standard data format. This information indicates that Blanchette allows its providers to submit claims using technology known as

Options:

- A- Telemedicine
- B- An electronic referral system
- C- Electronic data interchange
- D- Encounter reporting

Answer:

C

Question 4

Question Type: MultipleChoice

The Elizabethan Health Plan uses a direct referral program, which means that

Options:

- A-** PCPs in Elizabethan's network can make most referrals without obtaining prior authorization from Elizabethan
- B-** PCPs in Elizabethan's network must always refer plan members to other specialists within the network
- C-** Elizabethan's plan members can bypass the PCP and obtain medical services from a specialist without a referral
- D-** Elizabethan's plan members must obtain referrals directly from Elizabethan

Answer:

A

Question 5

Question Type: MultipleChoice

Before or during the orientation process, health plans generally provide new network providers with a provider manual. One of the primary purposes of the provider manual is to

Options:

- A- Provide a directory of contracted providers
- B- Help providers and their staffs develop methods of improving the operation of their practices
- C- Provide feedback to providers regarding their performance
- D- Reinforce and document contractual provisions

Answer:

D

Question 6

Question Type: MultipleChoice

In most states, workers' compensation is first-dollar and last-dollar coverage, which means that workers' compensation programs

Options:

- A- Can place limits on the benefits they will pay for a given claim

- B-** Can deny coverage for work-related illness or injury if the employer is not at fault
- C-** Must pay 100% of work-related medical and disability expenses
- D-** Can hold employers liable for additional amounts that result from court decisions

Answer:

C

Question 7

Question Type: MultipleChoice

Health plans can often reduce workers' compensation costs by incorporating 24-hour coverage into their workers' compensations programs. Twenty-four-hour coverage reduces costs by

Options:

- A-** Maximizing the effects of cost shifting
- B-** Eliminating the need for utilization management
- C-** Requiring members to use separate points of entry for job-related and non-job related services

D- Combining administrative services for workers' compensation and non-workers' compensation healthcare and disability coverage

Answer:

D

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