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Question 1

Question Type: MultipleChoice

Medicaid is a joint federal and state program that provides healthcare coverage for low-income, medically needy, and disabled individuals. Under the terms of this joint sponsorship, the

Options:

A- Federal government is responsible for making all claim payments

B- Federal government is responsible for determining the basic benefits that must be provided to eligible Medicaid beneficiaries C. State governments are responsible for setting minimum standards regarding eligibility, benefit coverage, and provider participation and reimbursement

D- State governments are responsible for establishing overall regulation of the Medicaid program

Answer:

B

Question 2

Question Type: MultipleChoice

CMS Medicare + Choice regulations include a provision that allows health plans to deny benefits for any services the health plan objects to on moral or religious grounds. The provision that exempts health plans from providing such services is known as

Options:

A- a conscience protection exception

B- a hold harmless clause

C- a medical necessity determination

D- an intermediate sanction

Answer:

A

Question 3

Question Type: **MultipleChoice**

Stop-loss insurance is designed to protect physicians who face substantial financial risk as a result of physician incentive plans. Medicare + Choice health plans must ensure that a physician has adequate stop-loss protection if the

Options:

A- physician has a patient panel that exceeds 25,000 patients

B- physician receives a bonus that is based solely on quality of care, patient satisfaction, or physician participation

C- difference between the physician's maximum potential payments and his or her minimum potential payments is less than 25% of the maximum potential payments

D- physician is subject to a withhold that is greater than 25% of his or her potential payments

Answer:

D

Question 4

Question Type: **MultipleChoice**

Dr. Ahmad Shah and Dr. Shantelle Owen provide primary care services to Medicare+Choice enrollees of health plans under the following physician incentive plans:

Dr. Shah receives $40 per enrollee per month for providing primary care and an additional $10 per enrollee per month if the cost of referral services falls below a specified level

Dr. Owen receives $30 per enrollee per month for providing primary care and an additional $15 per enrollee per month if the cost of referral services falls below a specified level

The use of a physician incentive plan creates substantial risk for

Options:

A- Both Dr. Shah and Dr. Owen

B- Dr. Shah only

C- Dr. Owen only

D- Neither Dr. Shah nor Dr. Owen

Answer:

C

Question 5

Question Type: MultipleChoice

As an authorized Medicare+Choice plan, the Brightwell HMO must satisfy CMS requirements regulating access to covered services. In order to ensure that its network provides adequate access, Brightwell must

Options:

A- Allow enrollees to determine whether they will receive primary care from a physician, nurse practitioner, or other qualified network provider

B- Base a provider's participation in the network, reimbursement, and indemnification levels on the provider's license or certification

C- Define its service area according to community patterns of care

D- Require enrollees to obtain prior authorization for all emergency or urgently needed services

Answer:

C

Question 6

Question Type: MultipleChoice

The BBA of 1997 specifies the ways in which a Medicare+Choice plan can establish and use provider networks. A Medicare+Choice plan that operates as a private fee for service (PFFS) plan is allowed to

Options:

A- limit the size of its network to the number of providers necessary to meet the needs of its enrollees

B- require providers to accept as payment in full an amount no greater than 115% of the Medicare payment rate

C- refuse payment to non-network providers who submit claims for Medicare-covered expenses

D- shift all risk for Medicare-covered services to network providers

Answer:

B

Question 7

Question Type: MultipleChoice

Franklin Pitt selected a Medicare+Choice option under which he is covered by a catastrophic health insurance policy with a high annual deductible and a $6,000 out-of-pocket expense maximum. CMS pays the premiums for the insurance policy out of the usual Medicare+Choice payment and deposits any difference between the capitated amount and the policy premium in a savings account. Mr. Pitt can use funds in the savings account to pay qualified medical expenses not covered by his insurance policy. At the end of the benefit year, Mr. Pitt can carry any remaining funds into the next benefit year. The Medicare+Choice option Mr. Pitt selected is known as a

Options:

A- coordinate care plan (CCP)

B- medical savings account (MSA) plan

C- competitive medical plan (CMP)

D- Medicare Risk HMO program

Answer:

B

Question 8

Question Type: **MultipleChoice**

Social health maintenance organizations (SHMOs) and Programs of All-Inclusive Care for the Elderly (PACE) are federal programs designed to provide coordinated healthcare services to the elderly. Unlike PACE, SHMOs

Options:

A- are reimbursed solely through Medicaid programs

B- provide extensive long-term care

C- are reimbursed on a fee-for-service basis

D- limit benefits to a specified maximum amount

Answer:

D

Question 9

Question Type: MultipleChoice

The Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 allowed competitive medical plans (CMPs) to participate in the Medicare program on a risk basis. Under the terms of Medicare risk contracts, CMPs were required to deliver all medically necessary Medicare-covered services in return for a

Options:

A- fixed monthly capitation payment from CMS

B- fee-for-service payment from the appropriate state Medicare agency

C- mandatory premium paid by plan enrollees

D- fee equal to twice the actuarial value of the Medicare deductible and coinsurance paid by plan enrollees

Answer:

A

Question 10

Question Type: MultipleChoice

Prior to the enactment of the Balanced Budget Act (BBA) of 1997, payment for Medicare-covered primary and acute care services was based on the adjusted average per capita cost (AAPCC). The AAPCC is defined as the

Options:

A- average cost of services delivered to all patients living in a specified geographic region

B- actuarial value of the deductible and coinsurance amounts for basic Medicare-covered benefits

C- fee-for-service amount that the Centers for Medicaid and Medicare Services (CMS) would pay for a Medicare beneficiary, adjusted for age, sex, and institutional status

D- average fixed monthly fee paid by all Medicare enrollees in a specified geographic region

Answer:

C

Question 11

Question Type: MultipleChoice

The provider contract that the Danube Health Plan has with the Viola Home Health Services Organization states that Danube will use a typical flat rate reimbursement arrangement to compensate Viola for the skilled nursing services it provides to Danube's plan members. A portion of the contract's reimbursement schedule is shown below:

Home Health Licensed Practical Nurse (LPN): $45 per visit or $90 per diem

Home Health Registered Nurse (RN): $50 per visit or $110 per diem

Last month, an LPN from Viola visited a Danube plan member and provided 1 hours of home healthcare, and an RN from Viola visited another Danube plan member and provided 7 hours of home healthcare. The following statement(s) can correctly be made about Danube's payment to Viola for these services:

Options:

A- Danube most likely owes $90 for the LPN's skilled nursing services and $110 for the RN's skilled nursing services.

B- Danube's payment amount could be different from the amount called for in the reimbursement schedule if the level of care provided to one of these plan members was significantly different from the level of care normally provided by Viola's RNs and LPNs.

C- Both A and B

D- A only

E- B only

F- Neither A nor B

Answer:

C

Question 12

Question Type: MultipleChoice

An increasing number of health plans offer coverage for alternative healthcare services. One such alternative healthcare service is biofeedback. Biofeedback is an approach that

Options:

A- is based on an ancient Chinese system of healing in which needles are inserted into specific sites on the body to relieve pain

B- treats diseases with tiny doses of substances which, in healthy people, are capable of producing symptoms like those of the disease being treated

C- uses electronic monitoring devices to teach a patient to develop conscious control of involuntary bodily functions, such as heart rate and body temperature

D- incorporates a variety of therapies, such as homeopathy, lifestyle modification, and herbal medicines, to support and maintain the body's ability to heal itself

Answer:

C

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