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MANAGED CARE EXAMINATION

1. The term "managed care" refers to any health delivery system that includes

   A. A network of providers
   B. The process of overseeing care and services
   C. Managers with health degrees
   D. A & B only

2. Managed care plans determine the medical necessity of a patient's condition through a process called

   A. Medical review
   B. Utilization review
   C. Proctor review
   D. System review

3. Under Medicare rules, emergency services are determined to mean covered inpatient and outpatient services that are

   A. Furnished by an appropriate source
   B. Needed immediately
   C. Needed now because there s not time to reach managed care providers
   D. All of the above

4. Medigap policies are designed to provide coverage for services not covered by Medicare. Which of the following is true about Medigap policies:

   A. They may pay for an services above the Medicare-approved amount
   B. Medigap policies vary in scope
   C. Medigap insurance premiums are generally more expensive than premiums required for Medicare managed care plans
   D. All of the above

5. Fee-for-service care is

   A. The traditional method of giving health care
   B. The common method of payment in managed care
   C. Illegal in the United States
   D. Always a better method to pay for health care

6. One of the important functions the primary-care physician performs is the role of _____ for the managed care organization.

   A. Mentor
   B. Teacher
   C. Gatekeeper
   D. Medical advisor

7. Pre-existing conditions may be handled differently among managed care groups. HMOs, for example, generally _____ them , while POS plans _____.

   A. Waiver / Restrict them
   B. Do not restrict / Impose waiting periods
   C. Avoid / Accept
   D. Limit / Waiver

8. *Urgent* emergency care refers to conditions that

   A. Need immediate attention
   B. Are not life threatening
   C. Could result in death
   D. A & B

9. The Medical Savings Account was created as a means to

   A. Save for retirement
   B. Eliminate managed care
   C. Reduce health care expenses
   D. Avoiding taxes completely

10. In order for a managed care plan to enter into a Medicare contract, it must meet which of the following requirements

    A. Be approved by HCFA
    B. Be in existence over 5 years
    C. Meet Medicare's contracting requirements
    D. A & C

11. Continuity of care is the _____ to which care needed by a patient is coordinated effectively among practitioners in a provider organization over time.

    A. Degree
    B. Ability
    C. Importance
    D. Willingness

12. Some in the industry feel that all health care organizations should operate as *non-profit organizations* because

    A. Removing the profit motive reduces the tendency to over or under prescribe
    B. Non-profit groups are run better
    C. The added taxes will help the nation
    D. Medical personnel do not need a lot of money

13. The Health Maintenance Act of 1973 helped fund the growth of HMOs by

    A. Creating favorable tax status
    B. Giving federally collected tax dollars to help HMOs during start-up
    C. Eliminating medical malpractice suits
    D. Paying for the first 20% of all expenses

14. Which of the following is true about PPOs (Preferred Provider Organizations)

    A. PPO physicians are not employees of an HMO
    B. PPO physicians provide services under a contractual agreement
    C. PPO insurers provide a list of providers who accept lower fees to be a preferred provider
    D. All of the above

MANAGED CARE EXAMINATION

15. HIPPA regulations increase portability of health care plans through _____.

A. Limitation of preexisting condition exclusions
B. Additional revenue sources
C. Union assistance
D. Identical policy rules

16. *Life Threatening* emergency care refers to conditions that could result in

A. Death
B. Disability or disfigurement
C. Long-term medical problems
D. All of the above

17. Managed care plans may cover prescription drugs based on a formulary. A formulary is

A. A list of medications used to treat various conditions
B. Used by physicians as a guide for prescribing medications
C. A list a drugs that the managed care plan will cover at a higher level than medications not on the list
D. All of the above

18. A Medicare managed care plan must provide its members which of the following services:

A. All of the following must be provided
B. Physician services, laboratory & x-ray services
C. Emergency and inpatient hospital services
D. Preventive services

19. If a Medicare *plan physician* authorizes services then the managed care plan

A. Must pay for the services
B. May not overturn the physician's decision that a service is medically necessary
C. May not deny coverage based on the determination it exceeds Medicare limits
D. All of the above are true

20. Regardless of health, a person who is _____ years or older who has enrolled in Medicare Part B, has the right to buy a Medigap policy.

A. 55
B. 62
C. 65
D. 68

21. Early versions of managed care plans in the 1900's were called _____. Blue Shield is an example.

A. Non-profit med groups
B. Medical service bureaus
C. Health practice groups
D. Care living centers

22. In using external review vendors to review the care prescribed, managed care plans hope to _____.

A. Cut costs
B. Prevail in a lawsuit
C. Reduce criticism that profit is the motive behind their care decisions
D. Provide their physician members a second opinion

23. Besides covered care, managed plans may cover care that is deemed *medically necessary*. Examples of this includes

A. Care required after an accident
B. Care required due to an infection
C. Routine care
D. A & B only

24. Medically necessary care _____ include all the care a physician may suggest or prescribe.

A. Will always
B. Does not always
C. Will never
D. Cannot

25. Which of the following are types of care that typically require *prior authorization* from a managed care provider.

A. All of the following
B. Elective surgery, hospital admissions, outpatient surgical procedures
C. Skilled nursing facility admission, rehabilitative care
D. Diagnostic and screening procedures

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147 Managed Care Exam — 8 Hours

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