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QUESTION 1

The delivery of quality, cost-effective healthcare is a primary goal of both group healthcare and workers' compensation programs. One difference between group healthcare and workers' compensation is that workers' compensation

- A. provides health and disability benefits to employees injured on the job only if the employer is at fault for the injury
- B. provides coverage for a variety of direct and indirect healthcare, disability, and workplace costs
- C. manages costs by including employee cost-sharing features in its benefit design
- D. places limits on benefits by restricting the amount of benefit payments or the number of covered hospital days or provider office visits

Correct Answer: B

QUESTION 2

The Riverside Health Plan is considering the following provider compensation options to use in its contracts with several provider groups and hospitals:

1.
A discounted fee-for-service (DFFS) payment system
2.
A case rate system
3.
Capitation

If Riverside wants to use only those compensation methods that encourage the efficient use of resources, then the compensation method(s) that Riverside should consider for its new contracts include

- A. 1, 2, and 3
- B. 1 and 2 only
- C. 2 and 3 only
- D. 3 only

Correct Answer: C

QUESTION 3

Comorbidity can have a significant impact on the effective implementation of disease management programs. Comorbidity can correctly be defined as the

- A. degree to which the progression of a disease or condition is understood
- B. prevalence or rate of a sickness or injury within a given population
- C. degree of severity of a particular disease or condition
- D. presence of a chronic condition or added complication other than the condition that requires medical treatment

Correct Answer: D

QUESTION 4

Vision care is typically separated into two categories: routine eye care and clinical eye care. The standard benefit plans offered by most health plans include coverage for 1.Routine eye care 2.Clinical eye care

- A. Both 1 and 2
- B. 1 only
- C. 2 only
- D. Neither 1 nor 2

Correct Answer: C

QUESTION 5

In order for a health plan's performance-based quality improvement programs to be effective, the desired outcomes must be

- A. achievable within a specified timeframe
- B. defined in terms of multiple results
- C. expressed in subjective, qualitative terms
- D. all of the above

Correct Answer: A

QUESTION 6

A health plan's choice of structure measures, process measures, and outcome measures to evaluate performance depends in part on the scientific soundness of the measures. One approach that a health plan can use to enhance scientific soundness is stratification, which refers to the

- A. identification and removal of unusual cases, such as patients with contraindications to a particular treatment, from consideration
- B. statistical adjustment of outcome measures to account for differences in the severity of illness or the presence of other medical conditions

C. specification of a target population for a procedure and the data collection and analysis methods to be used

D. elimination of variation within a patient population by dividing the population into groups that are at a similar level of risk

Correct Answer: D

QUESTION 7

Performance variance can be classified as either common cause variance or special cause variance. The following statement(s) can correctly be made about special cause variance:

1. Inadequate staffing levels, employee errors, and equipment malfunctions are examples of special cause variance

2. Special cause variance is typically more difficult to detect and correct than is common cause variance

A. Both 1 and 2

B. 1 only

C. 2 only

D. Neither 1 nor 2

Correct Answer: B

QUESTION 8

The paragraph below contains an incomplete statement. Select the answer choice containing the term that correctly completes the paragraph.

Definitions of quality healthcare vary; however, four dimensions are essential to quality healthcare services.

_____ is the quality dimension indicating that services result in the best care for a given cost or the lowest cost for a given level of care.

A. Accessibility

B. Effectiveness

C. Acceptability

D. Efficiency

Correct Answer: D

QUESTION 9

In order to achieve changes in outcomes, health plans make changes to existing structures and processes. The introduction of preauthorization as an attempt to control overuse of services is an example of a reactive change. Reactive changes are typically

A. both planned and controlled

- B. planned, but they are rarely controlled
- C. controlled, but they are rarely planned
- D. neither planned nor controlled

Correct Answer: C

QUESTION 10

For this question, if answer choices (A) through (C) are all correct, select answer choice (D). Otherwise, select the one correct answer choice.

Ways that workers' compensation health plans can help control the costs of job-related injuries and illnesses include

- A. applying strict definitions of medical necessity
- B. developing prevention and recovery programs
- C. applying out-of-network benefit reductions
- D. all of the above

Correct Answer: B

QUESTION 11

The following statement(s) can correctly be made about accrediting agency standards for delegation:

1.
The National Committee for Quality Assurance (NCQA) allows health plans to delegate all medical management functions, including the responsibility to perform delegation oversight activities

2.
In some cases, accreditation standards for delegation oversight are reduced if the delegate has already been certified or accredited by the delegator's accrediting agency

- A. Both 1 and 2
- B. 1 only
- C. 2 only
- D. Neither 1 nor 2

Correct Answer: C

QUESTION 12

The paragraph below contains an incomplete statement. Select the answer choice containing the term that correctly completes the paragraph.

Medical management programs often require the analysis of many types of data and information. _____ is an automated process that analyzes variables to help detect patterns and relationships in the data.

- A. Unbundling
- B. Outsourcing
- C. Data mining
- D. Drilling down

Correct Answer: C