

This chapter has 100 questions.

Scroll down to see and select individual questions or narrow the list using the checkboxes below.

Select

0

questions at random and

keep in order

- Multiple Choice Questions - (100)
- Odd Numbered - (50)
- Even Numbered - (50)
- ABHES: 1.a Comprehend the current employment outlook for the medical assistant - (3)
- ABHES: 11.a Perform the essential requirements for employment such as resume writing, effective interviewing, dressing professionally and following up appropriately - (1)
- ABHES: 4.A Document accurately - (1)
- ABHES: 7.B.2 Apply computer application skills using variety of different electronic programs including both practice management software and EMR software - (1)
- ABHES: 8.C Schedule and manage appointments - (1)
- ABHES: H.11.B.6 Adapting to change - (1)
- BLOOMS: Analyze - (8)
- BLOOMS: Apply - (4)
- BLOOMS: Remember - (63)
- BLOOMS: Understand - (25)
- CAAHEP: IV.A.1 Demonstrate empathy in communicating with patients, family and staff - (1)
- CAAHEP: IV.C.14 Recognize the role of patient advocacy in the practice of medical assisting - (1)
- CAAHEP: IX.A.3 Recognize the importance of local, state and federal legislation and regulations in the practice setting - (1)
- CAAHEP: IX.C.1 Discuss legal scope of practice for medical assistants - (1)
- CAAHEP: IX.C.2 Explore issue of confidentiality as it applies to the medical assistant - (1)
- CAAHEP: IX.C.3 Describe the implications of HIPAA for the medical assistant in various medical settings - (1)
- CAAHEP: IX.C.5 Discuss licensure and certification as it applies to healthcare providers - (3)
- CAAHEP: IX.P.2 Perform within scope of practice - (1)
- CAAHEP: IX.P.7 Document accurately in the patient record - (1)
- CAAHEP: IX.P.8 Apply local, state, and federal health care legislation and regulation appropriate to the medical assisting practice setting - (1)
- CAAHEP: V.C.4 Identify critical information required for scheduling patient admissions and/or procedures - (1)
- CAAHEP: V.P.1 Manage appointment schedule, using established priorities - (2)
- CAAHEP: V.P.5 Execute data management using electronic healthcare records such as the EMR - (1)
- CAAHEP: V.P.6 Use office hardware and software to maintain office systems - (1)
- CAAHEP: VI.C.10 Discuss types of physician fee schedules - (1)
- CAAHEP: VI.A.1 Demonstrate sensitivity and professionalism in handling accounts receivable activities with clients - (1)
- CAAHEP: VI.C.1 Explain basic bookkeeping computations - (1)
- CAAHEP: VI.C.8 Describe common periodic financial reports - (1)
- CAAHEP: VI.C.9 Explain both billing and payment options - (1)
- CAAHEP: VI.P.2.c Perform accounts receivable procedures, including: perform collection procedures - (1)
- CAAHEP: VI.P.3 Utilize computerized office billing systems - (1)
- CAAHEP: VII.A.1 Demonstrate assertive communication with managed care and/or insurance providers - (3)
- CAAHEP: VII.A.2 Demonstrate sensitivity in communicating with both providers and patients - (1)
- CAAHEP: VII.A.3 Communicate in language the patient can understand regarding managed care and insurance plans - (1)
- CAAHEP: VII.C.1 Identify types of insurance plans - (34)
- CAAHEP: VII.C.2 Identify models of managed care - (18)
- CAAHEP: VII.C.3 Discuss workers' compensation as it applies to patients - (2)
- CAAHEP: VII.C.4 Describe procedures for implementing both managed care and insurance plans - (3)
- CAAHEP: VII.C.5 Discuss utilization review principles - (2)
- CAAHEP: VII.C.6 Discuss referral process for patients in a managed care program - (2)
- CAAHEP: VII.C.7 Describe how guidelines are used in processing an insurance claims - (6)
- CAAHEP: VII.C.8 COMPARE PROCESSES FOR FILING INSURANCE CLAIMS BOTH MANUALLY AND ELECTRONICALLY - (2)
- CAAHEP: VII.C.9 Describe guidelines for third-party claims - (4)
- CAAHEP: VII.P.1 Apply both managed care policies and procedures - (16)
- CAAHEP: VII.P.2 Apply third party guidelines - (12)
- CAAHEP: VII.P.3 COMPLETE INSURANCE CLAIM FORMS - (2)
- CAAHEP: VII.P.4 Obtain precertification, including documentation - (2)
- CAAHEP: VII.P.5 Obtain preauthorization, including documentation - (5)
- CAAHEP: VII.P.6 Verify eligibility for managed care services Verify eligibility for managed care services - (4)
- CAAHEP: VIII.A.1 Work with physician to achieve the maximum reimbursement - (2)
- CAAHEP: VIII.A.3 Communicate in language the patient can understand regarding managed care and insurance plans - (1)
- CAAHEP: VIII.C.1 Describe how to use the most current procedural coding system - (1)
- CAAHEP: VIII.C.3 Describe how to use the most current diagnostic coding classification system - (1)
- CAAHEP: X.A.1 Apply ethical behaviors, including honesty/integrity in performance of medical assisting practice - (2)
- CAAHEP: X.C.1 Differentiate between legal, ethical, and moral issues affecting healthcare - (1)
- CAAHEP: X.C.2 Compare personal, professional and organizational ethics - (2)
- CAAHEP: X.C.5 Identify the effect personal ethics may have on professional performance - (1)
- CAHIM: I.A.4 Verify timeliness, completeness, accuracy, and appropriateness of data and data sources for patient care, management, billing reports, registries, and/or databases. - (1)
- CAHIM: I.D.1 Apply policies and procedures for the use of clinical data required in reimbursement and prospective payment systems (PPS) in healthcare delivery. - (1)
- CAHIM: IV.A.4 Apply policies and procedures to the use of networks, including intranet and Internet applications, to facilitate the electronic health record (EHR), personal health record (PHR), public health, and other administrative applications. - (1)
- Difficulty: 1 Easy - (60)
- Difficulty: 2 Medium - (29)
- Difficulty: 3 Hard - (11)
- EST TIME: 0-1 MINUTE - (100)
- LEARNING OUTCOME: 01-01 - (7)
- LEARNING OUTCOME: 01-02 - (15)
- LEARNING OUTCOME: 01-03 - (20)
- LEARNING OUTCOME: 01-04 - (22)
- LEARNING OUTCOME: 01-05 - (3)
- LEARNING OUTCOME: 01-06 - (3)
- LEARNING OUTCOME: 01-07 - (5)
- LEARNING OUTCOME: 01-08 - (12)
- LEARNING OUTCOME: 01-09 - (8)
- LEARNING OUTCOME: 01-10 - (5)
- TOPIC: Achieving Success - (8)
- TOPIC: Consumer-Driven Health Plans - (3)
- TOPIC: Health Maintenance Organizations - (22)
- TOPIC: Healthcare Plans - (20)
- TOPIC: Medical Insurance Basics - (15)
- TOPIC: Medical Insurance Payers - (5)
- TOPIC: Moving Ahead - (5)
- TOPIC: Preferred Provider Organizations - (3)
- TOPIC: The Medical Billing Cycle - (12)
- TOPIC: Working in the Medical Insurance Field - (7)

Select



1. Spending on healthcare is

- rising
- decreasing
- staying the same
- eliminated

Healthcare spending is rising.

BLOOMS: Remember
Difficulty: 1 Easy
EST TIME: 0-1 MINUTE
LEARNING OUTCOME: 01-01

Multiple Choice Question

TOPIC: Working in the Medical Insurance Field

2. The employment forecast for well-trained medical insurance and coding specialists is
- decreasing opportunities
 - opportunities staying the same as today
 - increasing opportunities
 - remaining stagnant

Select 

Knowledgeable medical office employees are in demand.

ABHES: 1.a Comprehend the current employment outlook for the medical assistant

BLOOMS: Remember
Difficulty: 1 Easy
EST TIME: 0-1 MINUTE
LEARNING OUTCOME: 01-01

Multiple Choice Question

TOPIC: Working in the Medical Insurance Field

3. Which of the following entities does not make up the trillion-dollar healthcare industry?
- insurance companies
 - doctors
 - hospitals
 - banks

Select 

Pharmaceutical companies, hospitals, doctors, medical equipment makers, nursing homes, assisted-living centers, and insurance companies are all components of the trillion-dollar healthcare industry.

BLOOMS: Remember
Difficulty: 1 Easy
EST TIME: 0-1 MINUTE
LEARNING OUTCOME: 01-01

Multiple Choice Question

TOPIC: Working in the Medical Insurance Field

4. What is the primary cause of rising medical costs in the United States?
- an aging population
 - increased use of alternative treatments
 - advances in drug therapies
 - too many network providers

Select 

In the United States, rising medical costs are primarily due to the fact that the aging population requires more healthcare services.

BLOOMS: Remember
Difficulty: 1 Easy
EST TIME: 0-1 MINUTE
LEARNING OUTCOME: 01-01

Multiple Choice Question

TOPIC: Working in the Medical Insurance Field

5. Medical insurance specialists ensure financial success of the medical practice by:
- using health information technology
 - setting their own rules and regulations
 - failing to communicate effectively
 - recording only cash payments

Select 

Providers must compete in a complex environment of various health plans, managed care contracts, and federal and state regulations.

BLOOMS: Understand
CAAHEP: IV.A.1 Demonstrate empathy in communicating with patients, family and staff
CAAHEP: V.C.4 Identify critical information required for scheduling patient admissions and/or procedures
Difficulty: 2 Medium
EST TIME: 0-1 MINUTE
LEARNING OUTCOME: 01-01

Multiple Choice Question

TOPIC: Working in the Medical Insurance Field

Select 

6. Pick the rising occupation in the healthcare industry that requires the employee to have the highest level of proficiency in dealing with the public professionally and pleasantly.
- health information technician
 - medical administrative assistant
 - lab technician
 - radiology technician

Medical administrative assistants who are expected to excel are those best fit to deal with the public through a courteous, pleasant manner and a professional demeanor.

ABHES: 1.a Comprehend the current employment outlook for the medical assistant

BLOOMS: Understand

CAAHEP: IV.C.14 Recognize the role of patient advocacy in the practice of medical assisting

Difficulty: 2 Medium

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-01

TOPIC: Working in the Medical Insurance Field

Multiple Choice Question

7. In a medical practice, cash flow is required to
- pay for office expenses
 - pay for hospital supplies
 - pay for nursing home employees
 - pay for the staff of an insurance company

Cash flow, the movement of monies into and out of the practice, is needed in order to pay for office expenses such as salaries and overhead.

Select 

ABHES: 1.a Comprehend the current employment outlook for the medical assistant

ABHES: 11.a Perform the essential requirements for employment such as resume writing, effective interviewing, dressing professionally and following up appropriately

BLOOMS: Remember

Difficulty: 2 Medium

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-01

TOPIC: Working in the Medical Insurance Field

Multiple Choice Question

8. Examine the list of services and determine which one would most likely be considered a noncovered service.
- emergency medical care
 - employment-related injuries
 - surgical procedures
 - annual physical examinations

Most medical insurance policies do not cover employment-related injuries; emergency care and surgical procedures are generally covered services, while annual physical examinations are often covered as preventive medical services.

Select 

BLOOMS: Remember

CAAHEP: VII.C.3 Discuss workers' compensation as it applies to patients

Difficulty: 2 Medium

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-02

TOPIC: Medical Insurance Basics

Multiple Choice Question

9. What kind of medical services are annual physical examinations and routine screening procedures?
- covered
 - preventive
 - noncovered
 - surgical

Select 

Annual physicals and screening procedures are examples of preventive medical services.

BLOOMS: Remember

CAAHEP: VIII.C.3 Describe how to use the most current diagnostic coding classification system

Difficulty: 1 Easy

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-02

TOPIC: Medical Insurance Basics

Multiple Choice Question

10. Under an insurance contract, the patient is the first party and the physician is the second party. Who is third party?
- provider
 - PCP
 - insurance plan
 - federal government

The payer, or insurance plan, is the third party under an insurance contract.

Select 

BLOOMS: Understand

CAAHEP: VII.C.1 Identify types of insurance plans

CAAHEP: VII.C.2 Identify models of managed care

CAHIIM: I.D.1 Apply policies and procedures for the use of clinical data required in reimbursement and prospective payment systems (PPS) in healthcare delivery.

Difficulty: 2 Medium

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-02

TOPIC: Medical Insurance Basics

Multiple Choice Question

Select 

11. In what ways can insurance policies be written?

- an individual or group
- only group
- only individual
- only workers

A group or individual can be insured.

BLOOMS: Understand
 CAAHEP: VII.C.1 Identify types of insurance plans
 Difficulty: 2 Medium
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-02
 TOPIC: Medical Insurance Basics

Multiple Choice Question

12. Medical insurance is a(n) _____ between a policyholder and a health plan.
- verbal agreement
 - written agreement
 - informal agreement
 - exchange of money

Medical insurance is a written policy that states the terms of an agreement between a policyholder (an individual) and a health plan (an insurance).



BLOOMS: Remember
 CAAHEP: VII.C.1 Identify types of insurance plans
 CAAHEP: VII.C.9 Describe guidelines for third-party claims
 CAAHEP: VII.P.1 Apply both managed care policies and procedures
 Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-02
 TOPIC: Medical Insurance Basics

Multiple Choice Question

13. Determine which of the following entities is not considered a provider.
- nurse practitioners
 - long-term care facilities
 - insurance companies
 - medical supply companies

Providers include physicians, nurse-practitioners, physician assistants, therapists, hospitals, laboratories, long-term care facilities, and suppliers such as pharmacies and medical supply companies.

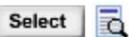


BLOOMS: Understand
 CAAHEP: VII.C.1 Identify types of insurance plans
 Difficulty: 2 Medium
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-02
 TOPIC: Medical Insurance Basics

Multiple Choice Question

14. Dependents of a policyholder may include his/her:
- spouse and children
 - only spouse
 - only children
 - physician

A policyholder's dependents, customarily the spouse and children, may also be covered for an additional cost.



BLOOMS: Remember
 CAAHEP: VII.P.6 Verify eligibility for managed care services Verify eligibility for managed care services
 Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-02
 TOPIC: Medical Insurance Basics

Multiple Choice Question

15. Identify the type of service that is not considered to be a preventive medical service.
- pediatric and adolescent immunizations
 - prenatal care
 - outpatient surgery
 - routine screening procedures

Many health plans cover preventive medical services, such as annual physical examinations, pediatric and adolescent immunizations, prenatal care, and routine screening procedures; primary care is generally a covered service.

Multiple Choice Question

BLOOMS: Analyze
 CAAHEP: VII.P.6 Verify eligibility for managed care services Verify eligibility for managed care services
 Difficulty: 2 Medium
 EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-02
TOPIC: Medical Insurance Basics

16. The key to receiving coverage and payment from a payer is the payer's definition of:

- provider
- medical necessity
- policyholder
- medical insurance

Select 

A payer's definition of medical necessity is the key to coverage and payment.

BLOOMS: Remember
CAAHEP: VII.P.2 Apply third party guidelines
CAAHEP: VII.P.4 Obtain precertification, including documentation
CAAHEP: VII.P.5 Obtain preauthorization, including documentation
Difficulty: 1 Easy
EST TIME: 0-1 MINUTE
LEARNING OUTCOME: 01-02
TOPIC: Medical Insurance Basics

Multiple Choice Question

17. Determine which of the following types of services a health plan will not pay for.

- noncovered services
- covered services
- preventive medical services
- hospitalization

Select 

Medical insurance policies describe noncovered services, those for which they do not pay.

BLOOMS: Understand
CAAHEP: VII.C.5 Discuss utilization review principles
CAAHEP: VII.P.2 Apply third party guidelines
Difficulty: 2 Medium
EST TIME: 0-1 MINUTE
LEARNING OUTCOME: 01-02
TOPIC: Medical Insurance Basics

Multiple Choice Question

18. Where do medical insurance companies summarize the payments they may make for medically necessary medical services?

- medical necessity document
- workers' compensation document
- schedule of benefits document
- encounter form

Select 

Medical insurance policies contain a schedule of benefits that summarizes the payments that may be made for medically necessary medical services that policyholders receive.

BLOOMS: Remember
CAAHEP: VII.C.4 Describe procedures for implementing both managed care and insurance plans
CAAHEP: VII.P.6 Verify eligibility for managed care services Verify eligibility for managed care services
Difficulty: 1 Easy
EST TIME: 0-1 MINUTE
LEARNING OUTCOME: 01-02
TOPIC: Medical Insurance Basics

Multiple Choice Question

19. In general, how do the cost of policies written for groups compare to those written for individuals?

- policies written for groups are cheaper
- policies written for individuals are cheaper
- policies written for individuals and groups cost the same
- policies written for groups are more expensive

Select 

In general, policies that are written for groups costs policyholders less than those written for individuals.

BLOOMS: Remember
CAAHEP: VII.C.1 Identify types of insurance plans
CAAHEP: VII.P.2 Apply third party guidelines
Difficulty: 1 Easy
EST TIME: 0-1 MINUTE
LEARNING OUTCOME: 01-02
TOPIC: Medical Insurance Basics

Multiple Choice Question

Select 

20. Review the choices below and select the most appropriate definition for health plan benefits, as defined by American's Health Insurance Plans (AHIP).

- advantages offered to policyholders
- provider services
- payments for medical services
- list of network providers

Health plans provide benefits, which are defined by AHIP as payments for medical services.

BLOOMS: Understand
 CAAHEP: VII.C.9 Describe guidelines for third-party claims
 CAAHEP: VII.P.2 Apply third party guidelines
 Difficulty: 2 Medium
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-02
 TOPIC: Medical Insurance Basics

Multiple Choice Question

21. Compare the choices below to determine which type of provider service would most likely NOT be covered by a health plan.

- a medical procedure that is not included in a plan's benefits
- an illness that started after the insurance coverage began
- a surgery performed on an outpatient basis
- all elective procedures performed in the hospital

Select 

Medical insurance policies describe noncovered services that they do not cover, which include excluded services.

BLOOMS: Analyze
 CAAHEP: VII.C.4 Describe procedures for implementing both managed care and insurance plans
 CAAHEP: VII.P.4 Obtain precertification, including documentation
 CAAHEP: VII.P.5 Obtain preauthorization, including documentation
 Difficulty: 3 Hard
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-02
 TOPIC: Medical Insurance Basics

Multiple Choice Question

22. What type of insurance reimburses income lost because of a person's inability to work?

- disability insurance
- standard medical insurance
- medical necessity coverage
- self-insured coverage

Select 

Patients may have disability insurance that provides reimbursement for income lost because of a person's inability to work.

BLOOMS: Remember
 CAAHEP: VII.C.3 Discuss workers' compensation as it applies to patients
 Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-02
 TOPIC: Medical Insurance Basics

Multiple Choice Question

23. Under a written insurance contract, the policyholder pays a premium, and the insurance company provides:

- payments for covered medical services
- preventive medical services
- surgery
- copayments

Select 

A written insurance contract requires the policyholder to pay a premium, in exchange for which the insurance company provides payments for covered medical services.

BLOOMS: Analyze
 CAAHEP: VII.C.7 Describe how guidelines are used in processing an insurance claims
 CAAHEP: VII.P.1 Apply both managed care policies and procedures
 Difficulty: 3 Hard
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-03
 TOPIC: Healthcare Plans

Multiple Choice Question

24. Out-of-pocket expenses must be paid by:

- the provider
- the insured
- the health plan
- the insurance company

Select 

Insured individuals pay out-of-pocket expenses before receiving benefits.

BLOOMS: Remember
 CAAHEP: VII.C.6 Discuss referral process for patients in a managed care program
 CAAHEP: VII.C.7 Describe how guidelines are used in processing an insurance claims
 Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-03
 TOPIC: Healthcare Plans

Multiple Choice Question

25. Which of the following conditions must be met before payment is made under an indemnity plan?

- payment of premium, deductible, and coinsurance
- payment of the copayment

Select 

- payment of the premium and coinsurance
- payment of the deductible

Before a payment is made to an insured person under an indemnity plan, payments of the premium, deductible, and coinsurance must be up to date.

CAAHEP: VII.C.7 Describe how guidelines are used in processing an insurance claims

BLOOMS: Remember

Difficulty: 1 Easy

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-03

TOPIC: Healthcare Plans

Multiple Choice Question

26. Under an indemnity plan, typically a patient may use the services of:

- only HMO network providers
- any affiliated provider
- any provider
- only out-of-network providers

Select 

Under indemnity plans, patients are free to choose their providers.

BLOOMS: Understand

CAAHEP: VII.C.1 Identify types of insurance plans

CAAHEP: VII.C.2 Identify models of managed care

Difficulty: 2 Medium

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-03

TOPIC: Healthcare Plans

Multiple Choice Question

27. Under a fee-for-service plan, the third-party payer makes a payment:

- before medical services are provided
- after medical services are provided
- at the time of the visit
- once a month under a PMPM

Select 

Fee-for-service plans pay retroactive.

BLOOMS: Remember

CAAHEP: VII.P.2 Apply third party guidelines

Difficulty: 1 Easy

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-03

TOPIC: Healthcare Plans

Multiple Choice Question

28. Calculate the amount of money a patient would owe for a covered service costing \$1,200 if their indemnity policy has a coinsurance rate of 75-25, and they have already met their deductible.

- \$0
- \$300
- \$900
- \$1,200

Select 

The patient must pay an out-of-pocket expense of \$300 ($\$1,200 \times 0.25 = \300) for this service.

BLOOMS: Analyze

CAAHEP: VII.C.1 Identify types of insurance plans

Difficulty: 3 Hard

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-03

TOPIC: Healthcare Plans

Multiple Choice Question

29. Calculate the amount of money a patient would owe for a noncovered service costing \$900 if their indemnity policy has a coinsurance rate of 80-20, and they have already met their deductible.

- \$0
- \$180
- \$720
- \$900

Select 

The patient would owe the entire cost of \$900, as insurance policies do not pay for noncovered services.

BLOOMS: Analyze

CAAHEP: VII.C.1 Identify types of insurance plans

Difficulty: 3 Hard

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-03

TOPIC: Healthcare Plans

Multiple Choice Question

Select 

30. Calculate the amount of money a patient would owe for a covered service costing \$1,800 if their indemnity policy has a \$400 deductible (which has not been met) and their coinsurance rate is 80-20.

- \$280

- \$680
 \$1,400
 \$1,800

The patient must pay an out-of-pocket expense of \$680 ($\$1,800 - \$400 = \$1,400$; $\$1,400 \times 0.20 = \280 ; $\$280 + \400 deductible = \$680) for this service.

BLOOMS: Analyze
CAAHEP: VII.C.1 Identify types of insurance plans
Difficulty: 3 Hard
EST TIME: 0-1 MINUTE
LEARNING OUTCOME: 01-03
TOPIC: Healthcare Plans

Multiple Choice Question

31. When is a deductible paid?

- before benefits begin
 at the end of the year
 after benefits begin
 never

Select 

A deductible is an amount of money that the insured pays on covered services before benefits begin.

BLOOMS: Remember
CAAHEP: VII.P.1 Apply both managed care policies and procedures
CAAHEP: VII.P.2 Apply third party guidelines
Difficulty: 1 Easy
EST TIME: 0-1 MINUTE
LEARNING OUTCOME: 01-03
TOPIC: Healthcare Plans

Multiple Choice Question

32. How is coinsurance defined?

- the periodic payment the insured is required to make to keep a policy in effect
 the amount that the insured pays on covered services before benefits begin
→ the percentage of each claim that the insured pays
 a prepayment covering provider's services for a plan member for a specified period

Select 

Coinsurance is the portion of charges an insured person must pay for healthcare services after the deductible.

BLOOMS: Remember
CAAHEP: VII.P.1 Apply both managed care policies and procedures
CAAHEP: VII.P.2 Apply third party guidelines
Difficulty: 1 Easy
EST TIME: 0-1 MINUTE
LEARNING OUTCOME: 01-03
TOPIC: Healthcare Plans

Multiple Choice Question

33. What is a premium?

- the periodic payment the insured is required to make to keep a policy in effect
 the amount that the insured pays on covered services before benefits begin
 the percentage of each claim that the insured pays
 a prepayment covering provider's services for a plan member for a specified period

Select 

A premium is money the insured pays to a health plan for a policy.

BLOOMS: Remember
CAAHEP: VII.C.2 Identify models of managed care
Difficulty: 1 Easy
EST TIME: 0-1 MINUTE
LEARNING OUTCOME: 01-03
TOPIC: Healthcare Plans

Multiple Choice Question

34. Calculate the amount of money the insurance company would owe on a covered service costing \$850 if there is a \$500 deductible (which has not yet been met) and no coinsurance.

- \$0
 \$150
→ \$350
 \$500

Select 

The health plan would owe \$350 ($\$850 - \$500 = \350).

BLOOMS: Analyze
CAAHEP: V11.C.10 Discuss types of physician fee schedules
Difficulty: 3 Hard
EST TIME: 0-1 MINUTE
LEARNING OUTCOME: 01-03
TOPIC: Healthcare Plans

Multiple Choice Question

Select 

35. In how many managed care plans may a physician participate?

- physicians are not permitted to participate in managed care plans

- one
- two
- physicians may participate in many managed care plans

A physician may choose to participate in many managed care plans.

BLOOMS: Remember
 CAAHEP: VII.C.2 Identify models of managed care
 Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-03
 TOPIC: Healthcare Plans

Multiple Choice Question

36. Identify the advantages offered to patients in managed care plans, as compared to indemnity insurance.
- lower premiums and charges
 - higher premiums
 - higher deductibles
 - lower premiums, charges, and deductibles

Managed care offers a more restricted choice of (and access to) providers and treatments in exchange for lower premiums, deductibles, and other charges than traditional indemnity insurance.



BLOOMS: Remember
 CAAHEP: VII.C.1 Identify types of insurance plans
 CAAHEP: VII.C.2 Identify models of managed care
 CAAHEP: VII.C.4 Describe procedures for implementing both managed care and insurance plans
 CAAHEP: VII.P.1 Apply both managed care policies and procedures

Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-03
 TOPIC: Healthcare Plans

Multiple Choice Question

37. Choose the entity(ies) that may form agreements with an MCO.
- the patient and provider
 - the provider
 - the health plan
 - the provider and health plan



Instead of only the patient having a policy with the health plan, both the patient and the provider have agreements with the MCO.

BLOOMS: Understand
 CAAHEP: VII.C.2 Identify models of managed care
 Difficulty: 2 Medium
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-03
 TOPIC: Healthcare Plans

Multiple Choice Question

38. Name a benefit a provider usually gets from participation with a health plan.
- an increased number of patients
 - a decreased number of patients
 - more contractual duties
 - no contractual duties



Participation brings providers benefits, such as more patients, as well as contractual duties, and usually, reduced fees.

BLOOMS: Remember
 CAAHEP: VII.C.1 Identify types of insurance plans
 CAAHEP: VII.C.2 Identify models of managed care
 Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-03
 TOPIC: Healthcare Plans

Multiple Choice Question



39. Healthcare claims report data to payers about _____ and _____.
- the patient; the physician
 - the patient; the services provided by the physician
 - the physician; the services provided by the physician
 - the service; the deductible

Healthcare claims report data about the patient and the services provided by the physician.

BLOOMS: Remember
 CAAHEP: VII.C.7 Describe how guidelines are used in processing an insurance claims
 CAAHEP: VII.P.3 COMPLETE INSURANCE CLAIM FORMS
 Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-03
 TOPIC: Healthcare Plans

Multiple Choice Question

40. When the coinsurance rate is stated, which number, the first or the second, describes the insurance company's percentage?
- either first or second
 - neither first nor second
 - first
 - second

Select 

The first number in the coinsurance rate is the payer's portion; the second is the insured's.

BLOOMS: Remember
CAAHEP: VII.C.7 Describe how guidelines are used in processing an insurance claims
CAAHEP: VII.C.9 Describe guidelines for third-party claims

Difficulty: 1 Easy
EST TIME: 0-1 MINUTE
LEARNING OUTCOME: 01-03
TOPIC: Healthcare Plans

Multiple Choice Question

41. In what format are healthcare claims sent?
- only electronic
 - only hard copy
 - electronic and hard copy
 - claims do not need to be sent

Healthcare claims are sent to payers in either electronic or hard copy format.

Select 

BLOOMS: Remember
CAAHEP: VII.C.8 COMPARE PROCESSES FOR FILING INSURANCE CLAIMS BOTH MANUALLY AND ELECTRONICALLY
CAAHEP: VII.P.3 COMPLETE INSURANCE CLAIM FORMS
CAHIIM: IV.A.4 Apply policies and procedures to the use of networks, including intranet and Internet applications, to facilitate the electronic health record (EHR), personal health record (PHR), public health, and other administrative applications.

Difficulty: 1 Easy
EST TIME: 0-1 MINUTE
LEARNING OUTCOME: 01-03
TOPIC: Healthcare Plans

Multiple Choice Question

42. What is the formula for calculating an insurance company payment in an indemnity plan?
- charge - deductible
 - deductible - coinsurance
 - deductible + coinsurance
 - charge - deductible - coinsurance

Select 

The formula for calculating an indemnity insurance payment is charge minus deductible minus coinsurance.

BLOOMS: Understand
CAAHEP: VII.C.1 Identify types of insurance plans
Difficulty: 2 Medium
EST TIME: 0-1 MINUTE
LEARNING OUTCOME: 01-03
TOPIC: Healthcare Plans

Multiple Choice Question

43. A capitated payment amount is called a
- copayment
 - coinsurance payment
 - retroactive payment
 - prospective payment

Select 

Capitated payments are paid prospectively, or in advance of services.

BLOOMS: Remember
CAAHEP: VII.C.1 Identify types of insurance plans
Difficulty: 1 Easy
EST TIME: 0-1 MINUTE
LEARNING OUTCOME: 01-04
TOPIC: Health Maintenance Organizations

Multiple Choice Question

Select 

44. Identify the type of HMO cost-containment method that limits members to receiving services from the HMO's physician network.
- cost-sharing
 - restricting patients' choice of providers
 - requiring preauthorization for services
 - controlling drug costs

In order to restrict patients' choice of providers, HMOs require members to receive services from their network of physicians, hospitals, and other providers.

Multiple Choice Question

BLOOMS: Understand
CAAHEP: VII.C.2 Identify models of managed care

CAAHEP: VII.P.1 Apply both managed care policies and procedures

Difficulty: 2 Medium

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-04

TOPIC: Health Maintenance Organizations

45. Identify the type of HMO cost-containment method that requires providers to use a formulary.

- cost-sharing
- restricting patients' choice of providers
- requiring preauthorization for services
- controlling drug costs

Select 

In controlling drug costs, HMOs requires providers to prescribe drugs for patients only from the HMO's formulary.

BLOOMS: Understand

CAAHEP: VII.C.2 Identify models of managed care

CAAHEP: VII.P.1 Apply both managed care policies and procedures

Difficulty: 2 Medium

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-04

TOPIC: Health Maintenance Organizations

Multiple Choice Question

46. Identify the type of HMO cost-containment method that requires the patient to pay a copayment.

- cost-sharing
- restricting patients' choice of providers
- requiring preauthorization for services
- controlling drug costs

Select 

In the cost-sharing method of cost-containment, HMOs required patients to pay a specified charge called a copayment when they see a provider.

BLOOMS: Understand

CAAHEP: VII.C.1 Identify types of insurance plans

CAAHEP: VII.C.9 Describe guidelines for third-party claims

Difficulty: 2 Medium

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-04

TOPIC: Health Maintenance Organizations

Multiple Choice Question

47. Identify the type of HMO cost-containment method that requires patients to obtain approval for services before they receive the treatment.

- cost-sharing
- restricting patients' choice of providers
- requiring preauthorization for services
- controlling drug costs

Select 

Requiring patients to obtain preauthorization before they receive many types of services is an HMO cost-containment method.

BLOOMS: Understand

CAAHEP: VII.P.5 Obtain preauthorization, including documentation

Difficulty: 2 Medium

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-04

TOPIC: Health Maintenance Organizations

Multiple Choice Question

48. If a POS HMO member elects to receive medical services from out-of-network providers they usually

- pay an additional cost
- need only pay the standard copayment
- will receive inferior treatment
- pay less than in-network benefits

Select 

POS members who receive medical services from out-of-network providers that they choose usually pay an additional cost.

BLOOMS: Understand

CAAHEP: VII.C.2 Identify models of managed care

CAAHEP: VII.P.1 Apply both managed care policies and procedures

Difficulty: 2 Medium

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-04

TOPIC: Health Maintenance Organizations

Multiple Choice Question

Select 

49. Correctly relating a patient's condition and treatment refers to

- medical etiquette
- medical networks
- medical necessity
- medical ethics

Medical necessity means that there is a logical, reasonable connection between the patient's medical condition and the treatment provided.

BLOOMS: Remember
CAAHEP: VII.A.3 Communicate in language the patient can understand regarding managed care and insurance plans

CAAHEP: VIII.A.1 Work with physician to achieve the maximum reimbursement
CAAHEP: VIII.C.1 Describe how to use the most current procedural coding system

Difficulty: 1 Easy

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-04

TOPIC: Health Maintenance Organizations

Multiple Choice Question

50. Which of the following is required when an HMO patient is admitted to the hospital for nonemergency treatment?

- referral
- coinsurance
- preauthorization
- utilization

Select 

Patients must secure preauthorization for nonemergency hospitalizations.

BLOOMS: Understand
CAAHEP: VII.P.5 Obtain preauthorization, including documentation
Difficulty: 2 Medium

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-04

TOPIC: Health Maintenance Organizations

Multiple Choice Question

51. One of the advantages of an HMO for patients who face difficult treatments is Disease/Case Management by assigning a:

- gatekeeper
- PCP
- copayment
- caseworker

Select 

HMOs often assign case managers to work with patients who face difficult treatments.

BLOOMS: Understand
CAAHEP: VII.A.1 Demonstrate assertive communication with managed care and/or insurance providers

CAAHEP: VII.C.5 Discuss utilization review principles

Difficulty: 2 Medium

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-04

TOPIC: Health Maintenance Organizations

Multiple Choice Question

52. Under a capitated rate for each plan member, which of the following does a provider share with the third party payer?

- payments
- risk
- services
- the premium

Select 

In a capitated plan, providers and payers share the risk of increased demand for medical services.

BLOOMS: Understand
CAAHEP: VII.C.1 Identify types of insurance plans
Difficulty: 2 Medium

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-04

TOPIC: Health Maintenance Organizations

Multiple Choice Question

53. The capitated rate per member per month covers:

- all medical services
- services listed on the schedule of benefits
- the episode of care
- all members' premiums

Select 

The capitated rate of prepayment covers only services listed on the schedule of benefits.

BLOOMS: Understand
CAAHEP: VII.C.1 Identify types of insurance plans
Difficulty: 2 Medium

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-04

TOPIC: Health Maintenance Organizations

Multiple Choice Question

Select 

54. To be fully covered, patients who enroll in an HMO may use the services of:

- only HMO network providers
- any provider within 50 miles

- only out-of-network providers
- any provider

HMOs require their members to see only network providers in order to be fully covered.

BLOOMS: Remember
 CAAHEP: VII.C.2 Identify models of managed care
 CAAHEP: VII.P.1 Apply both managed care policies and procedures
 Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-04
 TOPIC: Health Maintenance Organizations

Multiple Choice Question

55. For a patient insured by an HMO, the phrase "out-of-network" means providers who are

- not under contract with the payer
- only acting as a specialist
- whose offices are more than 50 miles from the patient
- licensed by the state

Out-of-network providers do not have any agreement with the patient's health plan.

Select 

BLOOMS: Remember
 CAAHEP: VII.C.1 Identify types of insurance plans
 CAAHEP: VII.C.2 Identify models of managed care
 CAAHEP: VII.P.1 Apply both managed care policies and procedures
 CAAHEP: VII.P.2 Apply third party guidelines
 Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-04
 TOPIC: Health Maintenance Organizations

Multiple Choice Question

56. Patients who enroll in a point-of-service type of HMO may use the services of:

- only HMO network providers
- any affiliated provider
- only out-of-network providers
- HMO network or out-of-network providers

Select 

POS plans expand patients' options to include out-of-network providers.

BLOOMS: Remember
 CAAHEP: VII.C.2 Identify models of managed care
 CAAHEP: VII.P.1 Apply both managed care policies and procedures
 Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-04
 TOPIC: Health Maintenance Organizations

Multiple Choice Question

57. When a POS option is elected under a health maintenance organization, the patient may?

- choose providers only from the HMO's network
- choose providers who are not in the HMO's network
- choose any provider without additional expense
- choose providers only from the IPA's network

Select 

POS plans provide patients with the option of using non-network providers.

BLOOMS: Understand
 CAAHEP: VII.C.2 Identify models of managed care
 CAAHEP: VII.P.1 Apply both managed care policies and procedures
 Difficulty: 2 Medium
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-04
 TOPIC: Health Maintenance Organizations

Multiple Choice Question

58. Identify another name for a point-of-service (POS) plan.

- closed HMO
- open HMO
- free HMO
- restricted HMO

Select 

A point-of-service (POS) plan is also called an open HMO.

BLOOMS: Remember
 CAAHEP: VII.C.2 Identify models of managed care
 CAAHEP: VII.P.1 Apply both managed care policies and procedures
 Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-04
 TOPIC: Health Maintenance Organizations

Multiple Choice Question

59.



Calculate the monthly capitation payment a provider should receive from a health plan if they have 80 contracted patients and a capitated payment of \$40 per month.

- \$1,200
- \$2,400
- \$3,200
- \$4,000

The monthly capitation payment would total \$3,200 ($80 \times \$40 = \$3,200$).

BLOOMS: Analyze
 CAAHEP: VII.C.1 Identify types of insurance plans
 Difficulty: 3 Hard
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-04
 TOPIC: Health Maintenance Organizations

Multiple Choice Question

60. A physician has a contract to receive a \$2,000 monthly capitation fee, based on a fee of \$50 for 40 patients who are in the plan. However, since only 10 patients visited the practice in the last month, the capitation payment will be

- \$500
- \$1,000
- \$2,000
- \$4,000



The monthly capitation fee is \$2,000, regardless of the number of patients who visit the physician.

BLOOMS: Understand
 CAAHEP: VII.C.1 Identify types of insurance plans
 Difficulty: 2 Medium
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-04
 TOPIC: Health Maintenance Organizations

Multiple Choice Question

61. Describe the role of a primary care physician (PCP) in an HMO.

- coordinating patients' overall care
- ensuring that some services are necessary
- providing healthcare services for the patient
- admitting the patient to the hospital regardless of the condition



A PCP coordinates patient's overall care to ensure that all services are, in the PCP's judgment, necessary.

BLOOMS: Understand
 CAAHEP: VII.C.1 Identify types of insurance plans
 CAAHEP: VII.P.1 Apply both managed care policies and procedures
 Difficulty: 2 Medium
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-04
 TOPIC: Health Maintenance Organizations

Multiple Choice Question

62. Another term used for a primary care physician (PCP) is:

- controller
- practitioner
- gatekeeper
- specialist



A primary care physician (PCP) may also be called a gatekeeper.

BLOOMS: Remember
 CAAHEP: VII.C.2 Identify models of managed care
 Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-04
 TOPIC: Health Maintenance Organizations

Multiple Choice Question

63. On what is the PMPM rate usually based?

- health-related characteristics of the enrollees
- a restricted choice of providers
- the health plan's formulary
- fee for service



The capitated rate, called PMPM, is usually based on the health-related characteristics of the enrollees, such as age and gender.

BLOOMS: Remember
 CAAHEP: VII.C.1 Identify types of insurance plans
 Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-04
 TOPIC: Health Maintenance Organizations

Multiple Choice Question

Select  64. Higher copayments may be charged for patient visits to/for:

- preventive services
- the office of a specialist
- their primary care physician
- medical necessary services

A higher copayment may be required for a visit to the office of a specialist or for the use of emergency department services.

BLOOMS: Remember
 CAAHEP: VII.C.1 Identify types of insurance plans
 CAAHEP: VII.P.1 Apply both managed care policies and procedures
 CAAHEP: VII.P.2 Apply third party guidelines
 Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-04
 TOPIC: Health Maintenance Organizations

Multiple Choice Question

65. In a preferred provider organization (PPO) plan, referrals to specialists are:

- required
- not required
- more expensive
- less expensive

Select 

PPOs do not usually demand a referral for a specialist visit.

BLOOMS: Remember
 CAAHEP: VII.C.6 Discuss referral process for patients in a managed care program
 CAAHEP: VII.P.5 Obtain preauthorization, including documentation
 Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-05
 TOPIC: Preferred Provider Organizations

Multiple Choice Question

66. What do providers participating in a PPO generally receive in exchange for accepting lower fees?

- more patient visits
- capitation payments
- less patient visits
- increased hospitalization rates

Select 

In exchange for accepting lower fees, providers generally see more patients.

BLOOMS: Remember
 CAAHEP: VII.C.1 Identify types of insurance plans
 CAAHEP: VII.C.2 Identify models of managed care
 Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-05
 TOPIC: Preferred Provider Organizations

Multiple Choice Question

67. PPO members who use out-of-network providers may be subjected to:

- higher copayments
- lower copayments
- lower insurance rates
- decreased deductibles

Select 

PPO members may use out-of-network providers, usually for higher copayments, increased deductibles, or both.

BLOOMS: Remember
 CAAHEP: VII.C.2 Identify models of managed care
 CAAHEP: VII.P.1 Apply both managed care policies and procedures
 Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-05
 TOPIC: Preferred Provider Organizations

Multiple Choice Question

Select 

68. Imagine you are a patient who wants to regulate your healthcare expenses on your own; what type of insurance plan would you use?

- health maintenance organization
- preferred provider organization
- consumer-driven health plan
- point-of-service plan

Cost containment in consumer-driven health plans begins with consumerism, which is the idea that patients who themselves pay for healthcare services become more careful consumers.

Multiple Choice Question

BLOOMS: Apply
 CAAHEP: VII.C.1 Identify types of insurance plans

Difficulty: 3 Hard
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-06
 TOPIC: Consumer-Driven Health Plans

69. Consumer-driven health plans combine a health plan with a special "savings account" that is used to pay what before the deductible is met?
- coinsurance
 - medical bills
 - excluded services
 - non medically necessary services



Consumer-driven health plans combine a health plan with a special "savings account" that is used to pay medical bills before the deductible is met.

BLOOMS: Remember
 CAAHEP: VII.C.1 Identify types of insurance plans
 Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-06
 TOPIC: Consumer-Driven Health Plans

Multiple Choice Question

70. Name the two components of a consumer-driven health plan (CDHP).
- a health plan and a gatekeeper
 - a health plan and a special "savings account"
 - a gatekeeper and a special "savings account"
 - a gatekeeper and a formulary



Consumer-driven health plans (CDHPs) combine a health plan, usually a PPO with a high deductible and low premiums, with a special "savings account" used to pay medical bills before the deductible has been met.

BLOOMS: Remember
 CAAHEP: VII.C.1 Identify types of insurance plans
 Difficulty: 2 Medium
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-06
 TOPIC: Consumer-Driven Health Plans

Multiple Choice Question

71. Employers that offer health plans to employees without using an insurance carrier are:
- third-party payers
 - third-party administrators
 - independent contractors
 - self-funded (insured) health plans



Self-funded (insured) health plans offer health plans directly to employees.

BLOOMS: Remember
 CAAHEP: VII.C.1 Identify types of insurance plans
 Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-07
 TOPIC: Medical Insurance Payers

Multiple Choice Question

72. Determine which method a self-funded health plan is most likely to use in setting up its provider network.
- hire a PCP to provide a network
 - set up their own provider network
 - buy the use of existing networks from managed care organizations
 - are not required to set up a network



Self-funded health plan most often buy the use of existing networks from managed care organizations.

BLOOMS: Remember
 CAAHEP: VII.C.1 Identify types of insurance plans
 Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-07
 TOPIC: Medical Insurance Payers

Multiple Choice Question



73. Which of the following is an example of a private-sector payer?
- Medicare
 - Medicaid
 - workers' compensation insurance
 - insurance company

An insurance company is considered a private-sector payer, as opposed to government programs such as Medicare.

Multiple Choice Question

BLOOMS: Remember
 CAAHEP: VII.C.1 Identify types of insurance plans
 Difficulty: 1 Easy

EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-07
 TOPIC: Medical Insurance Payers

74. Which of the following covers patients who are over age 65?

- Medicare
 Medicaid
 TRICARE
 CHAMPUS

Select  Medicare covers the over-65 population.

BLOOMS: Remember
 CAAHEP: VII.C.1 Identify types of insurance plans
 Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-07
 TOPIC: Medical Insurance Payers

Multiple Choice Question

75. Which of the following programs covers people who cannot otherwise afford medical care?

- Medicare
 → Medicaid
 TRICARE
 CHAMPUS

Select  Medicaid covers people who otherwise could not afford medical care.

BLOOMS: Remember
 CAAHEP: VII.C.1 Identify types of insurance plans
 Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-07
 TOPIC: Medical Insurance Payers

Multiple Choice Question

76. Scheduling appointments is part of which medical billing process step?

- step 1, preregister patients
 step 10, follow up patient payments
 step 8, monitor patient adjudication
 step 5, review coding compliance

Select  Scheduling appointments is the first step in the medical billing cycle.

ABHES: 8.C Schedule and manage appointments
 BLOOMS: Remember
 CAAHEP: V.P.1 Manage appointment schedule, using established priorities
 Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-08
 TOPIC: The Medical Billing Cycle

Multiple Choice Question

77. Collecting copayments is part of which medical billing cycle step?

- step 3, check in patients
 step 10, follow up patient payments
 step 8, monitor patient adjudication
 step 5, review coding compliance

Select  Collecting copayments is done during patient check-in.

BLOOMS: Remember
 CAAHEP: VII.C.1 Identify types of insurance plans
 Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-08
 TOPIC: The Medical Billing Cycle

Multiple Choice Question

Select  78. When medical insurance specialists work with patient billing programs, they need?

- computer skills
 communication skills
 knowledge of anatomy
 flexibility

Working with billing programs requires computer skills.

Multiple Choice Question ABHES: 7.B.2 Apply computer application skills using variety of different electronic programs including both practice management software and EMR software
 BLOOMS: Understand
 CAAHEP: V.P.5 Execute data management using electronic healthcare records such as the EMR
 CAAHEP: V.P.6 Use office hardware and software to maintain office systems
 Difficulty: 2 Medium

EST TIME: 0-1 MINUTE
LEARNING OUTCOME: 01-08
TOPIC: The Medical Billing Cycle

79. A patient ledger records:
- the patient's illnesses
 - the patient's financial transactions
 - the patient's relatives
 - the day's appointments and payments



A patient ledger is a record of a particular patient's financial transactions with the practice.

BLOOMS: Remember
CAAHEP: VI.C.1 Explain basic bookkeeping computations
CAAHEP: VI.C.8 Describe common periodic financial reports
Difficulty: 1 Easy

EST TIME: 0-1 MINUTE
LEARNING OUTCOME: 01-08
TOPIC: The Medical Billing Cycle

Multiple Choice Question

80. Imagine you are a medical insurance specialist; illustrate the impact your ability to prepare accurate, timely claims can have on the practice.
- preparing accurate and timely claims generally leads to full and timely reimbursement from the health plan
 - preparing accurate and timely claims generally leads to a higher capitation payment
 - preparing accurate and timely claims generally leads to a higher coinsurance rate
 - preparing accurate and timely claims generally leads to more patients



When medical insurance specialists prepare accurate, timely claims, the practice is most likely to receive full and timely reimbursement from the health plan.

BLOOMS: Apply
CAAHEP: VI.C.9 Explain both billing and payment options
CAAHEP: VII.C.7 Describe how guidelines are used in processing an insurance claims
CAAHEP: VII.C.8 COMPARE PROCESSES FOR FILING INSURANCE CLAIMS BOTH MANUALLY AND ELECTRONICALLY
Difficulty: 3 Hard

EST TIME: 0-1 MINUTE
LEARNING OUTCOME: 01-08
TOPIC: The Medical Billing Cycle

Multiple Choice Question

81. What step is used when patient payments are later than permitted under the financial policy?
- step 3, check in patients
 - step 10, follow up patient payments and collections
 - step 2, establish financial responsibility for the visit
 - step 4, review coding compliance



A collection process is often started when patient payments are later than permitted under the practice's financial policy.

BLOOMS: Remember
CAAHEP: VII.A.1 Demonstrate assertive communication with managed care and/or insurance providers
CAHIIM: I.A.4 Verify timeliness, completeness, accuracy, and appropriateness of data and data sources for patient care, management, billing reports, registries, and/or databases.
Difficulty: 1 Easy

EST TIME: 0-1 MINUTE
LEARNING OUTCOME: 01-08
TOPIC: The Medical Billing Cycle

Multiple Choice Question

82. Verifying insurance is part of which medical billing cycle step?
- step 3, check in patients
 - step 10, follow up patient payments
 - step 2, establish financial responsibility for the visit
 - step 4, review coding compliance



Verifying insurance is part of establishing financial responsibility for a visit.

BLOOMS: Remember
CAAHEP: VII.P.6 Verify eligibility for managed care services Verify eligibility for managed care services
Difficulty: 1 Easy

EST TIME: 0-1 MINUTE
LEARNING OUTCOME: 01-08
TOPIC: The Medical Billing Cycle

Multiple Choice Question



83. Describe the process of adjudication.
- the practice's monitoring of the money that is needed to run the practice
 - the payer's process of putting a claim through a series of steps designed to judge whether it should be paid
 - the process of appealing a rejected claim
 - the practice's comparison of each payment sent with a claim

A health plan's process of examining claims and determining benefits is adjudication.

BLOOMS: Understand
CAAHEP: VII.A.1 Demonstrate assertive communication with managed care and/or insurance providers

CAAHEP: VII.P.2 Apply third party guidelines

Difficulty: 2 Medium

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-08

TOPIC: The Medical Billing Cycle

Multiple Choice Question

84. In what step does the medical insurance specialist verify that charges are in compliance with insurance guidelines?

- step 3, check in patients
- step 10, follow up patient payments
- step 2, establish financial responsibility for the visit
- step 5, review billing compliance

Medical insurance specialists apply their knowledge of payer guidelines to analyze what can be billed on healthcare claims.

Select 

BLOOMS: Remember

CAAHEP: VII.P.2 Apply third party guidelines

CAAHEP: VIII.A.1 Work with physician to achieve the maximum reimbursement
CAAHEP: VIII.A.3 Communicate in language the patient can understand regarding managed care and insurance plans

Difficulty: 1 Easy

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-08

TOPIC: The Medical Billing Cycle

Multiple Choice Question

85. What term is used to describe the action of satisfying official requirements?

- adjudication
- compliance
- accounts receivable (A/R)
- accounts payable (A/P)

Compliance means actions that satisfy official requirements, such as the proper assigning of codes.

Select 

BLOOMS: Remember

CAAHEP: IX.P.7 Document accurately in the patient record

CAAHEP: IX.P.8 Apply local, state, and federal health care legislation and regulation appropriate to the medical assisting practice setting

CAAHEP: VII.P.2 Apply third party guidelines

Difficulty: 1 Easy

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-08

TOPIC: The Medical Billing Cycle

Multiple Choice Question

86. What adds up to form a practice's accounts receivable?

- money due from health plans
- money due from patients
- money due from both health plans and patients
- money owed to patients

The money due from plans, as well as payments due from patients, add up to form the practice's accounts receivable (A/R).

Select 

BLOOMS: Remember

CAAHEP: VI.P.2.c Perform accounts receivable procedures, including: perform collection procedures

Difficulty: 1 Easy

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-08

TOPIC: The Medical Billing Cycle

Multiple Choice Question

Select 

87. Practice management programs may be used for:

- scheduling appointments and financial record keeping
- financial record keeping and billing
- billing only
- scheduling appointments, financial record keeping, and billing

PMPs are used for scheduling appointments, billing, and financial record keeping.

Multiple Choice Question

BLOOMS: Remember

CAAHEP: V.P.1 Manage appointment schedule, using established priorities

CAAHEP: VI.P.3 Utilize computerized office billing systems

Difficulty: 1 Easy

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-08
TOPIC: The Medical Billing Cycle

88. Which of the following characteristics should medical insurance specialists use when working with patients' records and handling finances?
- able to work as a team member
 - honesty and integrity
 - knowledge of medical terms
 - communication skills

Handling financial matters requires honesty and integrity.

Select 

BLOOMS: Apply
CAAHEP: IX.C.2 Explore issue of confidentiality as it applies to the medical assistant
CAAHEP: IX.C.3 Describe the implications of HIPAA for the medical assistant in various medical settings
CAAHEP: VI.A.1 Demonstrate sensitivity and professionalism in handling accounts receivable activities with clients

Difficulty: 3 Hard

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-09

TOPIC: Achieving Success

Multiple Choice Question

89. The statement that "coding professionals should not change codes. . .to increase billings" is an example of:
- professional ethics
 - professional services
 - professional etiquette
 - personal ethics

Professional ethics requires coders to avoid changing codes for any billing reason.

Select 

ABHES: 4.A Document accurately
BLOOMS: Apply
CAAHEP: IX.A.3 Recognize the importance of local, state and federal legislation and regulations in the practice setting
CAAHEP: X.C.1 Differentiate between legal, ethical, and moral issues affecting healthcare

Difficulty: 3 Hard

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-09

TOPIC: Achieving Success

Multiple Choice Question

90. Courteous treatment of patients who visit the medical practice is an example of medical:
- ethics
 - etiquette
 - coding
 - insurance

Select 

Medical etiquette requires courteous treatment of patients.

BLOOMS: Remember
CAAHEP: VII.A.2 Demonstrate sensitivity in communicating with both providers and patients

Difficulty: 1 Easy

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-09

TOPIC: Achieving Success

Multiple Choice Question

91. In large medical practices, a medical insurance specialist is more likely to:
- need to use professionalism
 - handle a variety of billing and collections tasks
 - have more specialized duties
 - have less specialized duties

Select 

In large medical practices, the duties of medical insurance specialists may be more specialized.

BLOOMS: Remember
CAAHEP: IX.C.1 Discuss legal scope of practice for medical assistants

Difficulty: 1 Easy

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-09

TOPIC: Achieving Success

Multiple Choice Question

Select 

92. The most important characteristic for a medical insurance specialist to possess is:
- professionalism
 - punctuality
 - friendliness
 - quickness

The most important characteristic that medical insurance specialists should evidence is professionalism.

Multiple Choice Question

CAAHEP: X.A.1 Apply ethical behaviors, including honesty/integrity in performance of medical assisting practice
 CAAHEP: X.C.2 Compare personal, professional and organizational ethics
 Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-09
 TOPIC: Achieving Success

93. What attributes should a medical insurance specialist possess to help lead to success?

- professional appearance and practicing courtesy
- practicing courtesy and good attendance
- demonstrating good attendance and attention to detail
- professional appearance, practicing courtesy, good attendance, and attention to detail



Several attributes are important to the success of medical insurance specialists, including a professional appearance, good attendance, an ability to take the initiative, and the characteristic of courtesy.

BLOOMS: Remember
 CAAHEP: X.A.1 Apply ethical behaviors, including honesty/integrity in performance of medical assisting practice
 Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-09
 TOPIC: Achieving Success

Multiple Choice Question

94. What resource may medical insurance specialists access to review the correct behavior expected of them?

- the practice's financial policy
- the practice's employee policy and procedure manual
- the practice accounts receivable (A/R)
- the practice accounts payable (A/P)



Correct behavior in a medical practice is generally covered in the practice's employee policy and procedure manual.

BLOOMS: Remember
 CAAHEP: X.C.5 Identify the effect personal ethics may have on professional performance
 Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-09
 TOPIC: Achieving Success

Multiple Choice Question

95. Professional organizations generally have a(n) _____ that its members should follow/possess.

- employee policy and procedure manual
- list of attributes
- code of ethics
- financial policy



Each professional organization has a code of ethics that is to be followed by its membership.

BLOOMS: Remember
 CAAHEP: X.C.2 Compare personal, professional and organizational ethics
 Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-09
 TOPIC: Achieving Success

Multiple Choice Question

96. The designation of Registered Medical Assistant (RMA) is awarded by

- AAMA
- AAPC
- AMT
- AHIMA



The RMA is awarded by the AMT.

BLOOMS: Remember
 CAAHEP: IX.C.5 Discuss licensure and certification as it applies to healthcare providers
 Difficulty: 1 Easy
 EST TIME: 0-1 MINUTE
 LEARNING OUTCOME: 01-10
 TOPIC: Moving Ahead

Multiple Choice Question



97. Certification as a Certified Professional Coder (CPC) is awarded by

- AAMA
- AAPC
- AMT
- AHIMA

The American Academy of Professional Coders grants the Certified Professional Coder.

Multiple Choice Question

CAAHEP: IX.C.5 Discuss licensure and certification as it applies to healthcare providers

BLOOMS: Remember

Difficulty: 1 Easy

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-10

TOPIC: Moving Ahead

98. The titles of Certified Coding Specialist (CCS) and Certified Coding Specialist–Physician-based (CCS-P) are awarded by

- AMA
- CNN
- ABC
- AHIMA

Select 

The CCS and CCS-P certifications are awarded by AHIMA.

BLOOMS: Remember

CAAHEP: IX.C.5 Discuss licensure and certification as it applies to healthcare providers

Difficulty: 1 Easy

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-10

TOPIC: Moving Ahead

Multiple Choice Question

99. Pick the most accurate definition of certification.

- recognition of professionalism
- recognition of a superior level of skill by an official organization
- recognition of a successful career
- recognition of higher level of degree of schooling

Select 

Certification is recognition of a superior level of skill by an official organization.

BLOOMS: Understand

CAAHEP: IX.P.2 Perform within scope of practice

Difficulty: 2 Medium

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-10

TOPIC: Moving Ahead

Multiple Choice Question

100. What is typically required of professional organizations?

- good attendance
- continuing education sessions
- membership in more than one organization
- there are no requirements

Select 

Most professional organizations require certified members to keep up-to-date by taking annual training courses.

ABHES: H.11.B.6 Adapting to change

BLOOMS: Remember

Difficulty: 1 Easy

EST TIME: 0-1 MINUTE

LEARNING OUTCOME: 01-10

TOPIC: Moving Ahead

Multiple Choice Question