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QUESTION NO: 1

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

In most commercial health plans, the case management process is directed by a case manager whose responsibilities typically include

A. focusing on a disabled member's vocational rehabilitation and training

B. approving all care decisions for patients under case management

C. reducing the fragmentation of care that often results when individuals obtain services from several different providers

D. all of the above

ANSWER: C

QUESTION NO: 2

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

Each quality standard used by a health plan is associated with quality indicators. A _____ indicator is a form of aggregate data indicator that produces results that fit within a specified range, such as the length of time to schedule an appointment.

A. yes/no

B. sentinel event

C. discrete variable

D. continuous variable

ANSWER: D

QUESTION NO: 3

This agency oversees the Federal Employee Health Benefits Program (FEHBP).

A. Health Resources and Services Administration (HRSA)

B. Office of Personnel Management (OPM)

C. Department of Health and Human Services (HHS)

D. Department of Justice (DOJ)

ANSWER: B

QUESTION NO: 4

Increased demands for performance information have resulted in the development of various health plan report cards. With respect to most of the report cards currently available, it is correct to say

A. that they are focused primarily on health maintenance organization (HMO) plans

B. that they are based on data collected for the Health Plan Employer Data and Information Set (HEDIS) 3.0

C. that they are used to rank the performance of various health plans

D. all of the above

ANSWER: D

QUESTION NO: 5

Health plans conduct evaluations on the efficiency and effectiveness of their quality improvement activities. With regard to the effectiveness of quality improvement plans, it is correct to say that

A. effectiveness is the relationship between what the organization puts into an improvement plan and what it gets out of the plan

B. effectiveness is measured by reviewing outcomes to determine the accuracy or appropriateness of the strategy and the adequacy of resources allocated to that strategy

C. the effectiveness of an action plan is typically measured with a concurrent evaluation

D. an evaluation of plan effectiveness produces one of two results: the plan either (a) achieved the desired outcomes or (b) did not achieve the desired outcomes and is unlikely to do so under current conditions

ANSWER: B

QUESTION NO: 6

A health plan's coverage policies are linked to its purchaser contracts. The following statement(s) can correctly be made about the purchaser contract and coverage decisions:

1. In case of conflict between the purchaser contract and a health plan's medical policy or benefits administration policy, the contract takes precedence

2. Purchaser contracts commonly exclude custodial care from their coverage of services and supplies

3. All of the criteria for coverage decisions must be included in the purchaser contract

A. All of the above

B. 1 and 2 only

C. 2 only

D. 3 only

ANSWER: B

QUESTION NO: 7

In recent years, the demand for prescription drugs has increased dramatically. Factors that have contributed to this increase include

A. increased education regarding the purpose and benefits of drug formularies

B. reductions in the cost of prescription drugs

C. increased use of direct-to-consumer (DTC) advertising

D. all of the above

ANSWER: C

QUESTION NO: 8

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

To manage the delivery of healthcare services to their members, health plans use clinical practice parameters. _____ is the type of clinical practice parameter that a health plan uses to make coverage decisions concerning medical necessity and appropriateness.

A. A clinical practice guideline (CPG)

B. Medical policy

C. Benefits administration policy

D. A standard of care

ANSWER: B

QUESTION NO: 9

The following statements are about health plans' complaint resolution procedures (CRPs). Three of the statements are true and one is false. Select the answer choice containing the FALSE statement.

A. An health plan's CRPs reduce the likelihood of errors in decision making.

B. CRPs typically provide for at least two levels of appeal for formal appeals.

C. CRPs include only formal appeals and do not apply to informal complaints.

D. Most complaints are resolved without proceeding through the entire CRP process.

ANSWER: C

QUESTION NO: 10

The nature of behavioral healthcare creates unique medical management challenges for health plans. One method health plans have used to support the delivery of appropriate services in a cost-effective manner is to

A. remove behavioral healthcare services from the primary care setting

B. shift behavioral healthcare from acute inpatient settings to alternative settings when feasible

C. reserve the use of psychotherapy for treatment of those conditions that persist over long periods of time or for the life of the patient

D. offer the same level of compensation to all of the professional disciplines that provide behavioral healthcare services to plan members

ANSWER: B

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