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Question: 1

An insurance plan that supplements services not covered by Medicare is known as:

- A. Medicaid
- B. Social Security Disability Insurance
- C. Medigap
- D. TRICARE

Answer: C

Explanation:

Medigap plans are insurance plans that supplement services not covered by Medicare. On the other hand, Medicaid is federally funded insurance for the poor. TRICARE is related to military.

Question: 2

Payment based on a fixed daily dollar amount is known as:

- A. per diem reimbursement
- B. cost-based reimbursement
- C. capitation
- D. fee for service

Answer: A

Explanation:

The question defines a per-diem reimbursement. A cost-based reimbursement refers to actual costs of a consumer's care. In fee for service, the provider bills the insurance company and the company pays for services. Capitation is a fixed monthly payment paid to a provider in advance of services.

Question: 3

Which of these statements is true about hospice care?

- A. Hospice care is solely for consumers with terminal malignancies
- B. Hospice is for consumers who have six or fewer months to live
- C. In hospice, all further medical treatment has been stopped, including palliation
- D. Hospice care is for any terminal condition

Answer: D

Explanation:

Answers A and C are common misconceptions. Hospice is for consumers with any terminal condition. Answer B is incorrect because it is difficult to know exactly how much longer a terminal consumer will live. Even in the face of discontinuing aggressive therapy, consumers in hospice care should receive palliative care to maximize comfort.

Question: 4

All of the following are true about Medicare Select EXCEPT:

- A. Medicare Select is a Medicare supplemental health insurance product
- B. Medicare Select policies are managed care plans
- C. Medicare Select plans are higher in cost than traditional Medigap plans
- D. with Medicare Select, a consumer is required to use specific hospitals, clinics, and sometimes even specific physicians

Answer: C

Explanation:

Medicare Select plans have lower premiums than Medigap policies because of their requirement to use specific facilities and, sometimes, specific physicians. All of the other statements are true.

Question: 5

Which of these is an eligibility criterion for CHIP?

- A. patient over age 65
- B. low income
- C. having supplemental insurance
- D. outpatient coverage only

Answer: B

Explanation:

The Children's Health Insurance Program (CHIP) is an insurance program for children. To be eligible for CHIP, federal guidelines must be met. The child's family must be of low-income status, not qualify for Medicaid, and not have any medical insurance. CHIP does cover inpatient services in addition to outpatient services.

Question: 6

Which of the following applies to Tricare Prime?

- A. It is an HMO option

- B. It is a PPO option
- C. It is a fee-for-service option
- D. It covers all health care

Answer: A

Explanation:

Tricare Prime is an HMO option. Tricare is the PPO option. Tricare Standard is the fee-for-service option. Tricare Prime does not cover all health care procedures. There are some items that require preauthorization.

Question: 7

Which of the following applies to CHAMPVA?

- A. It is valid for three of the seven uniformed services
- B. CHAMPVA is part of the Tricare system
- C. CHAMPVA coverage does not stop when the participants become eligible for Medicare
- D. CHAMPVA covers veterans

Answer: C

Explanation:

The Civilian Health and Medical Programs of Veterans Affairs (CHAMPVA) is a law allowing medical benefits to survivors and dependents of veterans who are permanently and completely disabled with a service-related condition. It is valid for all seven uniformed services. CHAMPVA is not part of the Tricare program. CHAMPVA coverage does not stop when a participant becomes eligible for Medicare. CHAMPVA does not cover veterans; only dependents of veterans.

Question: 8

Which of the following is a Social Security program that provides supplemental income to eligible beneficiaries?

- A. AFDC
- B. CHIP
- C. SSDI
- D. SSI

Answer: D

Explanation:

SSI is part of the Social Security program. Its benefits are available to low-income people of any age who are disabled. AFDC (Aid to Families with Dependent Children) is a government program that assists low-income families. CHIP (Children's Health Insurance Program) provides assistance to low-income

families who do not qualify for Medicaid. SSDI is social security disability insurance.

Question: 9

All of the following are true about disability insurance EXCEPT:

- A. disability insurance is most often limited to income replacement coverage
- B. medical care is occasionally included in coverage
- C. disability insurance is considered a medical plan
- D. disability insurance only covers illness or injury not covered by workers' compensation

Answer: C

Explanation:

Disability insurance is not considered a medical plan. The rest of the answer choices are correct.

Question: 10

Medicare Part D

- A. covers hospital/hospitalization expenses
- B. provides a prescription drug benefit
- C. is synonymous with Medicare Advantage
- D. covers physician services, diagnostic tests, medical equipment, and ancillary services

Answer: B

Explanation:

Medicare Part D provides prescription drug benefits. Medicare Part A covers hospital expenses.

Medicare Part B covers services listed in D: Medicare Advantage is another name for Medicare Part C.

Question: 11

Which of the following is true about viatical settlements?

- A. They are classified as an insurance product
- B. They are a type of death benefit
- C. They involve sale of a life insurance policy to a third party before death occurs
- D. When the policy is sold, it is not necessary for beneficiaries to sign a release to waive rights to the policy

Answer: C

Explanation:

With viatical settlements, a third party purchases the policy (or a portion of it) at an amount that is less than the death benefit. The third party then collects the death benefit after the seller dies. Viatical

settlements are not an insurance product. They are also known as living benefits because the seller uses the funds to improve his quality of life prior to dying of a terminal illness. Beneficiaries must sign a waiver to give up rights to the policy.

Question: 12

A prospective payment system (PPS):

- A. is a Medicare payment based on a consumer's diagnosis at the time of hospital admission
- B. is the same as a fee-for-service system and is based on all diagnosis on discharge
- C. is part of Medicare supplemental insurance
- D. is similar to Medicare Part D

Answer: A

Explanation:

A PPS is a Medicare payment based on a consumer's diagnosis at the time of admission to the hospital.



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