Chapter 13: Health Insurance and Reimbursement

1. A person who, by virtue of employment or membership in an organization, may participate in and receive benefits from a health plan is known as
☐A. a dependent
☐B. a claims administrators
☐C. a group member
☐D. a third-party claimant

2. An organization that chooses to self-fund its employee insurance may choose an agent known as
☐A. a third-party administrator
☐B. a health maintenance organization
☐C. an independent practice association
☐D. a preferred provider organization

3. Sarah Henz, CMA, is unsure about the status of a patient's insurance eligibility in the group plan indicated on the insurance card. She should
☐A. call the claims administrator to verify eligibility
☐B. call the Medicare eligibility hotline
☐C. check with the physician
☐D. reschedule the patient until further information can be obtained

4. When a patient has coverage from more than one insurance company, the primary insurance is
☐A. the company that is billed first
☐B. the company that is billed for the remainder of the charges when payment has been received
☐C. the only insurance company that is chosen to be billed
☐D. the company that pays first

5. The government-sponsored insurance plan that pays for active-duty military personnel and their dependents is
☐A. TRICARE
☐B. CHAMPVA
☐C. Medicaid
☐D. Blue Cross/Blue Shield

6. Medicare was originally established to provide health care coverage for
☐A. individuals with disabilities
☐B. older adults
☐C. veterans
☐D. indigent individuals

7. An amount of money that must be paid before benefits can be received on an insurance policy is called
☐A. coinsurance
☐B. a co-payment
☐C. a deductible
☐D. a fee schedule

8. Medicare Part B covers
☐A. hospital expenses
☐B. hospital expenses and certain immunizations
☐C. physician fees and diagnostic testing
☐D. PSA tests, mammograms, and Pap smears

9. The organization that provides the forms to be completed and submitted on behalf of Medicare patients is the
☐A. Centers for Medicare and Medicaid Services
☐B. claims administrator
☐C. third-party administrator
☐D. Workers' Compensation Bureau

10. A crossover claim is one that is
☐A. is filed with Medicare and Medicaid at the same time
☐B. sent to the CMS within 1 year
☐C. automatically sent from Medicare to Medicaid
☐D. completed and submitted electronically

11. Medicaid is a government-sponsored program that provides health benefits to
☐A. all older adults
☐B. low-income or indigent persons
☐C. TRICARE recipients
☐D. patients on Medicare regardless of income

12. Patients who receive a new identification card every month are those with
☐A. Medicare
☐B. TRICARE
☐C. CHAMPVA
☐D. Medicaid

13. A program administered by the U.S. Department of Defense for health care coverage for dependents of active service personnel is known as
☐A. CHAMPVA
☐B. Medicare
☐C. Medicaid
☐D. TRICARE

14. Julie Rath, CMA, works for a busy managed care medical office. In this type of insurance system,
☐A. the patient may seek care from any provider, and the insurer pays for services after they are rendered
☐B. the insurer has no relationship with the provider
☐C. there is a contract between the insurer and the provider
☐D. the patient pays for all medical expenses and is reimbursed by the insurer

15. When the patient pays a percentage of the medical expenses, it is known as
☐A. capitation
☐B. balance billing
☐C. coinsurance
☐D. fee-for-service

16. Managed care systems pay providers based on the number of members enrolled in the health plan, also known as
☐A. crossover claims
☐B. assignment of benefits
☐C. fee-for-service
☐D. capitation

17. A health benefit program that contracts with many providers and then leases this group of providers to various health care plans is
☐A. a health maintenance organization
☐B. a peer review organization
☐C. a preferred provider organization
☐D. an independent practice association

18. A primary care physician who oversees the care of a patient, including referrals to specialists in a managed care program, is the
☐A. preferred provider organization
☐B. third-party administrator
☐C. claims administrator
☐D. gatekeeper

19. A health care program that pays for expenses resulting from work-related injury or illness is
☐A. TRICARE
☐B. preferred provider organizations
☐C. health maintenance organizations
☐D. workers' compensation

20. When a patient is covered by more than one insurance plan, the primary insurance plan is the one that pays first, and the secondary insurance pays any remaining balance if appropriate. This determination of which insurance pays first is referred to as
☐A. coordination of benefits
☐B. capitation
☐C. balance billing
☐D. crossover claim

