Chapter 01: Health Care Systems
Abdelhak: Health Information, 5th Edition

MULTIPLE CHOICE

1. Which classification of hospitals is organized for profit according to the American Hospital Association? a. State owned
b. Federally owned
c. Proprietary
d. Voluntary

ANS: C

2. Which type of health insurance program would a retired army general be eligible for? a. Tricare
b. Medicaid
c. CHAMPUS
d. Merchant Seaman Health Care

ANS: A

3. How would the ownership of a community hospital be classified by the American Hospital Association? a. Local, government-owned
b. Voluntary, for-profit
c. Voluntary, not-for-profit
d. Investor-owned

ANS: C

4. Which one of the following is most likely to be a state-financed health care facility?
a. Public health service hospital
b. Long-term psychiatric institution
c. District hospital
d. Veterans Administration hospital ANS: B

5. How would a facility be classified by the American Hospital Association if the length of stay for its inpatients averaged 4.8 days? a. Long-term care
b. Acute care
c. Tertiary care
d. Trauma care

ANS: B

6. In addition to psychiatric care, what is the primary focus of health care in a psychiatric facility?
a. Clinical laboratory and pathology services
b. Restorative and adjustive services
c. Psychological and social services
d. Occupational and rehabilitative services

ANS: C

7. Which one of the following statements is true about the organization of community hospital governing boards?
a. The membership is composed of employees who are empowered to conduct business on behalf of other employees.
b. Members are salaried individuals who have a legal responsibility for the quality of care.
c. The membership is composed of a diverse group, each of whom has a skill that is of value to the function of the board.
d. The membership is composed largely of individuals who have a medical background.

ANS: C

8. Which one of the following legislative acts led to a rapid increase in the construction of new hospitals, purchase of equipment, and renovation of existing hospitals? a. Hill-Burton Act
b. Tax Equity and Fiscal Responsibility Act
c. Consolidated Omnibus Budget Reconciliation Act
d. Patient Self-Determination Act

ANS: A

9. All the following activities are a legitimate function of a hospital governing board *except* a. Delineation of clinical privileges.
b. Financial stability of organization.
c. Appointment of the president of the medical staff.
d. Legal responsibility for the care provided.

ANS: C

10. Which one of the following officers in a health care organization serves as a liaison between the medical staff and the governing board?
    a. CEO
    b. COO
    c. CFO
    d. CIO

    ANS: A

11. Which one of the following officers in a health care organization is responsible for developing a strategic plan for supporting the mission and goals of the organization?
    a. CEO
    b. COO
    c. CFO
    d. CIO

    ANS: A

12. Which one of the following officers in a health care organization manages the financial, administrative, and clinical information systems of the hospital?
    a. CEO
    b. COO
    c. CFO
    d. CIO

    ANS: D

13. Of the following health care practitioners, which one is least likely to be eligible for medical staff membership? a. Podiatrist
    b. Doctor of osteopathy
    c. Nurse midwife
    d. Dietetic technician

    ANS: D

14. Which one of the following statements describes the primary objective of the medical staff?
    a. Minimize risk of medical malpractice.
    b. Maintain proper standards of medical care.
    c. Develop policies regarding performance improvement.
    d. Contain costs for providing medical care.

    ANS: B

15. In which of the following is permission granted to practitioners by the governing board to provide well-defined patient care services?
    a. Medical staff membership
    b. Board certification
    c. Licensure
    d. Clinical privilege

    ANS: D

16. Which one of the following medical staff committees would negotiate with the governing board regarding the purchase of an expensive piece of equipment? a. Utilization review
    b. Credentials
    c. Joint conference
    d. Planning and finance committee

    ANS: C

17. Which one of the following departments is considered to be an ancillary department in the hospital organization? a. Clinical laboratory services
    b. Dietary services
    c. Nursing services
    d. Social services

    ANS: A

18. The full legal authority in a hospital rests with which organization entity?
    a. CEO
    b. Governing body
    c. Medical staff
    d. Executive committee

    ANS: B

19. The CEO is employed by and is directly responsible to the
    a. Governing body.
    b. Joint conference committee.
    c. Medical staff organization.
    d. Executive committee.

ANS: A

20. Which officer in a health care organization is primarily responsible for its fiscal integrity?
    a. COO
    b. CFO
    c. CEO
    d. CIO

    ANS: B

21. Which organization was responsible for establishing the hospital standardization program in the early 1900s? a. American College of Surgeons
    b. American Medical Association
    c. American Osteopathic Association
    d. Joint Commission

    ANS: A

22. Which one of the following was the impetus for the accreditation of medical schools initiated by the American Medical Association?
    a. *Flexner Report*
    b. Papyri documents
    c. Hippocratic oath
    d. Hospital standardization program

    ANS: A

23. Which amendment to the Social Security Act of 1935 established the Medicare program? a. Hill-Burton Act
    b. Health Insurance for the Aged Act
    c. Kerr-Mills Medical Assistance Program
    d. Tax Equity and Fiscal Responsibility Act

    ANS: B

24. Each of the following has been an influential factor in how health care has been delivered in the United States *except* a. Increasing cost of health care.
    b. Growing geriatric population.
    c. Advances in technology.
    d. Demand for jobs by health professionals.

    ANS: D

25. Which publication communicates the goals and objectives for promoting health and preventing disease in the United States? a. *Conditions of Participation*
    b. *Medicare Handbook*
    c. *Healthy People: 2010*
    d. *Flexner Report* ANS: C

26. Which one of the following organizations is currently responsible for the accreditation of health care organizations? a. American Health Association
    b. Commission on Accreditation for Health Informatics and Information Management Education
    c. Department of Health and Human Services
    d. Joint Commission

    ANS: D

27. Where are the Conditions of Participation regulations that govern the Medicare Program printed?
    a. *AHA Guide to the Health Care Field*
    b. *Comprehensive Accreditation Manual for Hospitals*
    c. *Federal Register*
    d. *Medicare Handbook*

    ANS: C

28. What did the Tax Equity and Fiscal Responsibility Act of 1982 mandate?
    a. The Medicaid program
    b. The prospective payment system
    c. Managed care services
    d. *Conditions of Participation*

    ANS: B

29. Which federal branch of the government is charged with the health and welfare of the U.S. people, including numerous regulatory programs?
    a. Department of Health and Human Services
    b. Department of Defense
    c. Department of Justice
    d. Institute of Medicine

ANS: A

30. Which Department of Health and Human Services agency was established by Omnibus Budget Reconciliation Act in 1989 for supporting scientific research?
    a. Centers for Disease Control and Prevention
    b. Social Security Administration
    c. Agency for Health Care Research and Quality
    d. Health Resources and Services Administration

    ANS: C

31. In the federal government, which is a major research center composed of numerous departments, such as the National Institute on Aging and the National Center for Nursing Research? a. Food and Drug Administration
    b. National Institutes of Health
    c. Substance Abuse and Mental Health Services Administration
    d. Institute of Medicine

    ANS: B

32. An epidemic of viral infection in the United States would most likely be reported and tracked by the
    a. Centers for Medicare and Medicaid Services.
    b. Agency for Health Care Research and Quality.
    c. Centers for Disease Control and Prevention.
    d. Health Resources and Services Administration.

    ANS: C

33. Which one of the following is the mechanism by which a health care organization is recognized as having met the *Conditions of Participation* because it is accredited by the Joint Commission? a. Deemed status
    b. Licensure
    c. Reciprocity
    d. Participant certified

    ANS: A

34. To which entity is the Centers for Medicare and Medicaid Services responsible?
    a. Office of Management and Budget
    b. Department of Health and Human Services
    c. American Hospital Association
    d. Office of Inspector General

    ANS: B

35. Which one of the following is mandated by law for hospitals to operate?
    a. Certification
    b. Accreditation
    c. Registration
    d. Licensure

    ANS: D

36. When a public health issue, such as an *Escherichia coli* outbreak from contaminated food, makes the news, what organization is responsible for investigating and minimizing such threats to society? a. Centers for Medicare and Medicaid Services
    b. Agency for Health Care Research and Quality
    c. Centers for Disease Control and Prevention
    d. Health Resources and Services Administration

    ANS: C

37. Which process gives legal authority to a person to practice health care in a state? a. Certification
    b. Accreditation
    c. Licensure
    d. Registration

    ANS: C

38. Which legislation established criteria for the transfer or discharge of patients and was dubbed as the "antidumping act?" a. Emergency Medical Treatment and Active Labor Act
    b. Tax Equity and Fiscal Responsibility Act
    c. Patient Self-Determination Act
    d. Kerr-Mills Medical Assistance Program

    ANS: A

39. Which legislation increased the public's awareness of patient rights, advance directives, and options for health care?
    a. Consolidated Omnibus Budget Reconciliation Act of 1985
    b. Omnibus Budget Reconciliation Act
    c. Tax Equity and Fiscal Responsibility Act
    d. Patient Self-Determination Act

ANS: D

40. All the following are accrediting agencies *except*
    a. American Osteopathic Association
    b. Commission on the Accreditation of Rehabilitation Facilities
    c. Community Health Accreditation Program
    d. Department of Health and Human Services

    ANS: D

41. Which entity approves medical staff appointments?
    a. Medical staff organization
    b. Executive committee
    c. Credentials committee
    d. Governing body ANS: D

42. Which one of the following legislative acts was directed at controlling costs by creating the prospective payment system? a. Health Care Quality Improvement Act
    b. Tax Equity and Fiscal Responsibility Act
    c. Consolidated Omnibus Budget Reconciliation Act of 1985
    d. Social Security Act of 1935

    ANS: B

43. What type of health service is covered by Part B of Medicare?
    a. Physician office visit
    b. Custodial care
    c. Inpatient care
    d. Dental visit

    ANS: A

44. The federal government contracts with private insurance companies to process Medicare claims and payments for inpatient hospital care. What reference title is then given to this insurance company? a. Fiscal intermediary
    b. Managed care provider
    c. Beneficiary
    d. Subscriber ANS: A

45. What is the fee for a given health care procedure called that is charged by the physician and other physicians in the area? a. Fee for service
    b. Capitation
    c. Usual, customary, and reasonable
    d. Relative value scale

    ANS: C

46. Which term refers to a health care organization's ability to provide a full range of health care services from the least acute to the most acute?
    a. Continuum of care
    b. Comprehensive care
    c. Managed health care
    d. Health care maintenance

    ANS: A

47. Which term refers to a defined geographical area served by a health care program?
    a. Community center
    b. Regional boundary
    c. Catchment area
    d. County health line ANS: C

48. Which term describes a patient needing health care assessment and evaluation for approximately 24 hours or less? a. Inpatient
    b. Observation
    c. Resident
    d. Admission

    ANS: B

49. Which one of the following is an information system that allows health care providers to input data electronically at the time care is provided or whenever necessary? a. Point-of-care system
    b. Optical imaging system
    c. Computer-assisted system
    d. Bedside health record

    ANS: A

50. Which term refers to a primary care physician who is participating in a comprehensive managed care plan by providing most of the care to the patient? a. Participant
    b. Enrollee
    c. Subscriber

d. Gatekeeper

ANS: D

51. The new Rocky Mountain Hospice Care Center will be providing patient care beginning January of next year. From which of the following resources can they anticipate financial reimbursement for their services? a. Medicaid
    b. Private pay
    c. Private insurance
    d. All of the above

    ANS: D

52. Which one of the following would be covered by Mr. Rocky State's Medicare Part A?
    a. Durable medical equipment
    b. Open heart surgery
    c. Prescription drugs
    d. Diabetes monitoring

    ANS: B

53. The accrediting agency for rehabilitation facilities is
    a. Commission on the Accreditation of Rehabilitation Facilities
    b. Community Health Accreditation Program
    c. American Osteopathic Association
    d. Accreditation Commission for Education in Nursing National League of Nursing

    ANS: A

54. What type of care is primarily provided to hospice patients?
    a. Palliative
    b. Curative
    c. Diagnostic
    d. Therapeutic ANS: A

55. The organizational structure of the medical staff in a 250-bed hospital would most likely include which of the following? a. Officers
    b. Committees
    c. Clinical services
    d. All of the above

    ANS: D

56. Of the following, which one is a function of the credentials committee?
    a. Reviews medical staff applications.
    b. Reviews patient length of stay.
    c. Reviews appropriateness of admissions.
    d. Conducts business between medical staff meetings.

    ANS: A

57. As an employee of a managed care organization in the area of quality improvement, which of the following is an important resource for quality management?
    a. Commission on the Accreditation of Rehabilitation Facilities
    b. American Health Information Management Association
    c. National Committee for Quality Assurance
    d. Community Health Accreditation Program

    ANS: C

58. If an emergency department physician fails to stabilize an indigent patient before transferring the patient to another facility, he or she is in violation of
    a. Omnibus Budget Reconciliation Act.
    b. Emergency Medical Treatment and Active Labor Act.
    c. Patient Self-Determination Act.
    d. Health Insurance Portability and Accountability Act.

    ANS: B

59. A consumer or patient interested in changing managed care plans should review the standard performance measures that are developed by
    a. The Joint Commission.
    b. Commission on the Accreditation of Rehabilitation Facilities.
    c. Department of Health and Human Services.
    d. National Committee for Quality Assurance.

    ANS: D

60. Two major issues for competing managed care organizations are
    a. Quality and providers.
    b. Facilities and enrollees.
    c. Cost and quality.
    d. Providers and enrollees.

ANS: C

61. Which of the following is a true statement regarding case management?
    a. It is a policy directed at controlling cost and access to health care services.
    b. It is a process of coordinating and monitoring secondary and tertiary care.
    c. It is an approach used by managed care organizations to compile reports regarding services, providers, and enrollees.
    d. It is a method used to manage health care costs by screening health care services provided.

ANS: B

62. Of the levels of health care, a complete physical examination would be categorized to which level? a. Primary
    b. Secondary
    c. Tertiary
    d. Alternative

ANS: A

63. A patient who is using natural herbs for pain management is practicing what type of health care? a. Acute care
    b. Preventive medicine
    c. Tertiary care
    d. Alternative medicine

ANS: D

64. The Department of Health and Human Services agency whose primary responsibility is to produce and disseminate scientific research and policy-relevant information is the
    a. Centers for Disease Control and Prevention.
    b. Agency for Health Care Research and Quality.
    c. Health Resources and Services Administration.
    d. Administration for Children and Families.

ANS: B

65. What did the Tax Equity and Fiscal Responsibility Act of 1983 pertain to?
    a. Quality health care
    b. Cancer care
    c. Confidentiality of health information
    d. Reimbursement of care

ANS: D

66. A major change in _____ was influenced by the Flexner Report of 1910.
    a. Health care reimbursement
    b. Patient care documentation
    c. Medical education
    d. Health care utilization

ANS: C

67. _____ is a model of primary care that emphasizes care coordination and communication. This form of care encourages comprehensive care with accessible services and an emphasis on quality and safety. a. Ambulatory care
    b. Accountable Care Organization
    c. Patient-centered medical home
    d. Gatekeeper function

ANS: C

68. _____ are provider collaborations created with the goal of coordinating and providing high-quality, efficient, and effective care for Medicare patients or other specific patient populations. a. Patient-centered medical homes
    b. Corporate physician practices
    c. Health Maintenance Organizations
    d. Accountable Care Organizations
    e. Integrated delivery systems

ANS: D

69. _____ are electronic marketplaces through which individuals can shop for health insurance. a. Patient Protection and Affordable Care Act (PPACA)
    b. Blue Cross Blue Shield
    c. Medicaid
    d. Health Insurance Exchanges
    e. Accountable Care Organizations

ANS: D

70. In large organizations the hospital's nursing staff will be led by an administrator who is responsible for ensuring good clinical quality of care. This person is most likely to be the a. Chief quality officer.
    b. Chief executive officer
    c. Chief nursing officer

d. Chief operating officer

ANS: C

COMPLETION

1. Physicians responsible for federally funded patients in a certified health care facility are referred to as _____ physicians.

   ANS: participating

2. A(n) _____ is a legal written document that specifies a patient's preference regarding future health care, especially in relation to resuscitation and life-extending measures.

   ANS: Advance

3. _____ directive is the voluntary process by which an organization performs an external review and grants recognition to a program or health care facility that meets its predetermined standards.

   ANS: Accreditation

4. When the cost of care is based on the patient's ability to pay, it is referred to as a(n) _____ scale fee.

   ANS: sliding

5. A(n) _____ intermediary is the organization that has contracted with the federal government to process Medicare claims and payments for hospital inpatient health care services.

   ANS: fiscal

6. A(n) _____ is a primary care physician who participates in a managed care plan and is chiefly responsible for most of the care provided to the enrollee.

   ANS: gatekeeper

7. A health care system comprising of two or more hospitals that are owned, managed, or leased by a single organization is called a(n) _____ delivery health care system.

   ANS: integrated

TRUE/FALSE

1. Medicaid reimbursement for health care services is administered by state government.

   ANS: T

2. Health care organizations may voluntarily elect to comply with nongovernmental health care standards.

   ANS: T

3. Prospective reimbursement altered the incentives for providing health care.

   ANS: T

4. The increasing burden of running an independent physician practice has resulted in more physicians seeking employment in practices owned by health systems, hospitals, managed care organizations, or other entities.

   ANS: T

5. One of the goals of Healthy People 2020 is to lower the cost of health care in the United States while maintaining a high quality of life.

   ANS: F

6. A hospital classified as a Critical Access Hospital (CAH) receives reimbursement enhancements for meeting the needs of an underserved area.

   ANS: T