Understanding Health Insurance 16th edition Green Test Bank

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Name:_____ Class:_____ Date:_____

Chapter 01: Health Insurance Specialist Career

1. If the insurance plan has a *hold harmless clause*, it means that the patient
   a. is charged for fees by the health care provider, per the EOB.
   b. automatically has lower out-of-pocket health care expenses.
   c. is *not* responsible for paying what the insurance plan denies.
   d. was required to pay any amounts that the insurance plan denies.

ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_22_1.2 - Briefly summarize health insurance claims processing and the parties involved.
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2. The process of reporting _____ as numeric and alphanumeric characters on the insurance claim is called coding.
   a. dates of service for procedures
   b. diagnoses and procedures/services
   c. health insurance claims identifiers
   d. national provider identifiers

ANSWER: b
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_22_1.2 - Briefly summarize health insurance claims processing and the parties involved.
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3. A claims examiner employed by a third-party payer reviews health-related claims to determine whether the charges are reasonable, in addition to
   a. assigning ICD-10-CM and CPT codes.
   b. billing patients for copayments and coinsurance.
   c. determining medical necessity of services/procedures.
   d. resubmitting denied claims to health care providers.

ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_22_1.2 - Briefly summarize health insurance claims processing and the parties involved.
UHI_GREEN_22_1.3 - Identify career opportunities available for health insurance specialists.
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Chapter 01: Health Insurance Specialist Career

4. Which is another name for a health insurance specialist?
   a. billing specialist
   b. coding specialist
   c. health information specialist
   d. reimbursement specialist

ANSWER: d
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_22_1.3 - Identify career opportunities available for health insurance specialists.
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5. A claims examiner is employed by a
   a. facility to submit claims.
   b. governmental agency to process claims.
   c. physician's office to submit claims.
   d. third-party payer to review claims.

ANSWER: d
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_22_1.3 - Identify career opportunities available for health insurance specialists.
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6. Which involves linking every procedure or service code reported on the claim to a condition code that justifies the necessity of performing that procedure or service?
   a. claims adjudication
   b. diagnosis coding
   c. medical necessity
   d. reimbursement processing

ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_22_1.2 - Briefly summarize health insurance claims processing and the parties involved.
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7. The CPT manual is published by the
   a. American Billing Association.
   b. American Board of Physicians.
   c. American Dental Association.
   d. American Medical Association.

ANSWER: d
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_22_1.2 - Briefly summarize health insurance claims processing and the parties involved.
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8. Which is submitted to the payer requesting reimbursement?
   a. explanation of benefits
   b. health insurance claim
   c. remittance advice
   d. prior approval form

ANSWER: b
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_22_1.5 - Describe the job responsibilities of a health insurance specialist.
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9. The Centers for Medicare and Medicaid Services (CMS) agency is located in the _____.
   a. ACF
   b. DHHS
   c. FDA
   d. OIG

ANSWER: b
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_22_1.2 - Briefly summarize health insurance claims processing and the parties involved.
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10. When a health insurance plan's prior approval requirements are not met by providers,

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a. administrative costs are reduced.
b. patients' coverage is canceled.
c. payment of the claim is denied.
d. providers pay a fine to the plan.

ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_22_1.2 - Briefly summarize health insurance claims processing and the parties involved.
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11. Which coding system is used to report procedures and services on claims?
a. CPT
b. ICD-10-CM
c. SNDO
d. SNOMED

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_22_1.2 - Briefly summarize health insurance claims processing and the parties involved.
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12. Which would be found on a remittance advice?
a. detected errors and omissions from claims
b. documentation of medical necessity
c. payment information about a claim
d. provider qualifications and responsibilities

ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_22_1.5 - Describe the job responsibilities of a health insurance specialist.
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13. Which guarantees repayment for financial losses resulting from an employee's act or failure to act?
a. bonding insurance

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b. liability insurance
c. property insurance
d. workers' compensation insurance

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_22_1.6 - Differentiate among types of insurance purchased by contractors and employers.
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14. Medical malpractice insurance is which type of insurance?
a. bonding
b. liability
c. property
d. workers' compensation

ANSWER: b
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_22_1.6 - Differentiate among types of insurance purchased by contractors and employers.
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15. Which type of insurance covers employees and their dependents against injury and death that occurs during the course of employment?
a. bonding
b. liability
c. property
d. workers' compensation

ANSWER: d
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_22_1.6 - Differentiate among types of insurance purchased by contractors and employers.
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16. The word *embezzle* means to _____.
a. compensate

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b. disburse
c. remunerate
d. steal

ANSWER: d
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_22_1.6 - Differentiate among types of insurance purchased by contractors and employers.
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17. Independent contractors should purchase _____ liability insurance, which provides protection from liability as a result of errors and omissions when performing their professional services.

a. bonding
b. business
c. professional
d. property

ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_22_1.6 - Differentiate among types of insurance purchased by contractors and employers.
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18. Which term describes the principles of right or good conduct and includes rules that govern the conduct of members of a profession?

a. biased
b. ethics
c. immoral
d. misleading

ANSWER: b
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_22_1.4 - List the education and training requirements of a health insurance specialist.
UHI_GREEN_22_1.7 - Explain the role of workplace professionalism for a health insurance specialist.
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19. The *Healthcare Common Procedure Coding System* (HCPCS) consists of _____ codes.
    a. CPT and national
    b. DSM and CDT
    c. ICD-10-CM and ICD-10-PCS
    d. SNOMED and SNDO

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_22_1.2 - Briefly summarize health insurance claims processing and the parties involved.
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20. Health information technicians _____.
    a. assist with direct patient care
    b. document clinical information
    c. manage medical records
    d. process health insurance claims

ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_22_1.3 - Identify career opportunities available for health insurance specialists.
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21. The organization that hires a(n) _____ is not liable for the acts or omissions of that individual.
    a. health insurance specialist
    b. health care provider
    c. independent contractor
    d. medical assistant

ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_22_1.6 - Differentiate among types of insurance purchased by contractors and employers.
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22. During completion of a student internship, the facility will likely require students to sign a nondisclosure agreement to protect _____.

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a. facility resources
b. health care finances
c. patient confidentiality
d. quality of patient care

ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_22_1.4 - List the education and training requirements of a health insurance specialist.
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23. Which coding system is used to report procedures and services on inpatient hospital claims?

a. CPT
b. HCPCS level II
c. ICD-10-CM
d. ICD-10-PCS

ANSWER: d
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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24. Which does a provider usually employ to perform administrative and clinical tasks, which help keep the office or clinic
running smoothly?

a. health information technician
b. medical assistant
c. nurse practitioner
d. reimbursement specialist

ANSWER: b
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_22_1.3 - Identify career opportunities available for health insurance specialists.
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25. Which organization offers the CPB exam?

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Chapter 01: Health Insurance Specialist Career

a. AAPC
b. AHIMA
c. AMBA
d. CMS

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_22_1.8 - Identify coding and reimbursement professional associations and credentials offered.
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26. Which are published by CMS and used to report procedures, services, and supplies not classified in CPT?
a. dental codes
b. disease codes
c. injury codes
d. national codes

ANSWER: d
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_22_1.2 - Briefly summarize health insurance claims processing and the parties involved.
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27. Conduct or qualities that characterize a professional person are called _____.
a. certification
b. credentials
c. professionalism
d. specialization

ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_22_1.7 - Explain the role of workplace professionalism for a health insurance specialist.
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28. Which is an insurance agreement that protects business contents against fire, theft, and other risks?
a. bonding insurance

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b. business liability insurance
c. errors and omissions insurance
d. property insurance

ANSWER: d
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
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29. Which is Latin for "let the master answer," which means that the employer is liable for the actions and omissions of employees as performed and committed within the scope of their employment?

a. *res gestae*
b. *res ipsa loquitur*
c. *respondeat superior*
d. *requiescat in pace*

ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_22_1.6 - Differentiate among types of insurance purchased by contractors and employers.
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30. Which defines a profession, delineates qualifications and responsibilities, and clarifies supervision requirements?

a. job description
b. policy and procedure
c. scope of practice
d. workforce development

ANSWER: c
POINTS: 1
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HAS VARIABLES: False
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