New Dimensions in Women's Health 9th edition Alexander Test Bank

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Information Field: Complexity
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Highest Answer Letter: D
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Chapter: Chapter 02 – Test Bank

Multiple Choice

1. The SCHIP provides health insurance coverage to:
A) rural Americans.
B) low-income children.
C) minorities.
D) Americans older than 65 years.
Ans: B
Complexity: Easy
Ahead: Paying for Health Care
Subject: Chapter 2
Title: The Economics of Women's Health
Taxonomy: Remember

2. Identify the correct statement concerning the Patient Protection and Affordable Care Act.
A) It became a law in the year 2011.
B) It excluded people with preexisting conditions from insurance coverage.
C) It decreased access to health insurance.
D) It provided affordable insurance for small businesses and individuals.
Ans: D
Complexity: Moderate
Ahead: Healthcare Reform
Subject: Chapter 2
Title: The Economics of Women's Health
Taxonomy: Remember

3. Compared to men, women:
A) have shorter life spans and are more likely to care for sick or aging relatives.
B) have shorter life spans and are less likely to care for sick or aging relatives.
C) have longer life spans and are more likely to care for sick or aging relatives.
D) have longer life spans and are less likely to care for sick or aging relatives.
Ans: C
Complexity: Moderate

Ahead: Long-Term Care and Women as Caregivers
Subject: Chapter 2
Title: The Economics of Women's Health
Taxonomy: Understand

4. Set amounts that individuals must pay out-of-pocket before the benefit kicks in are known as:
A) copayments.
B) premium amounts.
C) deductibles.
D) base amounts.
Ans: C
Complexity: Easy
Ahead: Informed Decision-Making
Subject: Chapter 2
Title: The Economics of Women's Health
Taxonomy: Remember

5. Identify which of the following events correctly matches the timeline.
A) The 1900s saw the emergence of the American Medical Association (AMA).
B) The Social Security Act was passed in the 1940s.
C) In the 1980s, prepaid group health care insurance was rebranded as health maintenance organizations (HMOs).
D) In the 1970s, President Lyndon Johnson signed Medicare and Medicaid into law.
Ans: A
Complexity: Moderate
Ahead: Paying for Health Care
Subject: Chapter 2
Title: The Economics of Women's Health
Taxonomy: Remember

6. About how much of the gross domestic product (GDP) was spent on health care in the year 2021?
A) 3.5%
B) 10.4%
C) 18.3%
D) 41.6%
Ans: C
Complexity: Easy
Ahead: Paying for Health Care
Subject: Chapter 2
Title: The Economics of Women's Health
Taxonomy: Remember

7. In a third-party healthcare system, the consumer:
A) pays the physician, but not the hospital, for health care.
B) does not pay directly for health care.
C) pays the hospital, but not the physician, for health care.
D) pays for health care and then bills the insurer.
Ans: B

Complexity: Moderate
Ahead: Paying for Health Care
Subject: Chapter 2
Title: The Economics of Women's Health
Taxonomy: Understand

8. In what year was Medicare established?
A) 1965
B) 1980
C) 1993
D) 2010
Ans: A
Complexity: Easy
Ahead: Choosing an Insurance Plan
Subject: Chapter 2
Title: The Economics of Women's Health
Taxonomy: Remember

9. Managed care was introduced as a method to:
A) control expansion of local hospital networks.
B) manage healthcare practices by hospitals.
C) manage healthcare practices by physicians.
D) control costs involved in health care.
Ans: D
Complexity: Moderate
Ahead: Paying for Health Care
Subject: Chapter 2
Title: The Economics of Women's Health
Taxonomy: Understand

10. Which of the following statements accurately describes a characteristic of a preferred provider organization (PPO) plan?
A) Patients must obtain a referral from a primary care physician to see a specialist.
B) PPO plans are typically less expensive than health maintenance organization (HMO) plans.
C) Patients are restricted to receiving healthcare services only from providers within the preferred network.
D) Patients can use a healthcare provider outside of the preferred provider network at an additional cost.
Ans: D
Complexity: Moderate
Ahead: Paying for Health Care
Subject: Chapter 2
Title: The Economics of Women's Health
Taxonomy: Understand

11. The emphasis on managed health care in the United States in the 1990s:
A) increased the national rate of healthcare spending.
B) slowed, but did not stop, the growth in healthcare spending.
C) eliminated the growth in healthcare spending.
D) did not affect the rate of healthcare spending.

Ans: B
Complexity: Moderate
Ahead: Paying for Health Care
Subject: Chapter 2
Title: The Economics of Women's Health
Taxonomy: Understand

12. What contributed to the potential solvency threat of to Medicare?
A) Reduced healthcare expenses and an aging population.
B) Economic growth and increased payroll taxes.
C) Aging population, reduced payroll taxes, and increased healthcare costs during COVID-19.
D) Decreased taxes received and reduced healthcare expenses.
Ans: C
Complexity: Moderate
Ahead: Choosing an Insurance Plan
Subject: Chapter 2
Title: The Economics of Women's Health
Taxonomy: Understand

Multiple Response

1. Which of the following are types of managed care plans?
A) HMO (health maintenance organization)
B) PMO (provider maintenance organization)
C) POS (point-of-service plan)
D) PPO (preferred provider organization)
Ans: A, C, D
Complexity: Moderate
Ahead: Paying for Health Care
Subject: Chapter 2
Title: The Economics of Women's Health
Taxonomy: Remember

2. Which of the following statements are true?
A) Men make most of the healthcare decisions for their families.
B) Women have become more significant to healthcare manufacturers.
C) Many women are actively participating in self-health care.
D) Women are more likely than men to manage the bills in their families.
Ans: B, C, D
Complexity: Moderate
Ahead: Women as Healthcare Consumers
Subject: Chapter 2
Title: The Economics of Women's Health
Taxonomy: Understand

3. Identify the preventive services covered without cost sharing under the PPACA.

A) Well-women visits
B) HIV testing and counseling
C) Regular health checkups
D) Domestic violence screening and counseling
Ans: A, B, D
Complexity: Moderate
Ahead: Preventive Care and a Focus on Women's Health
Subject: Chapter 2
Title: The Economics of Women's Health
Taxonomy: Understand

4. Which statement accurately distinguishes between Medicare and Medicaid?
A) Medicare is primarily managed by states, whereas while Medicaid is federally controlled.
B) Medicare is funded solely by federal resources, whereas Medicaid relies on state funding.
C) Medicare is administered at the federal level, whereas while Medicaid operates with both federal and state involvement.
D) Medicaid receives federal funding exclusively, whereas while Medicare relies on state contributions.
Ans: C
Complexity: Moderate
Ahead: Choosing an Insurance Plan
Subject: Chapter 2
Title: The Economics of Women's Health
Taxonomy: Understand

5. Compared to women who do not care for a relative or friend, women caregivers are:
A) more likely to be depressed.
B) more likely to be sick themselves.
C) more likely to have insomnia.
D) less likely to seek medical attention.
Ans: A, B, C
Complexity: Moderate
Ahead: Long-Term Care and Women as Caregivers
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Essay

1. What are the main arguments for and against a universal health system?
Ans: The main arguments for a universal health system include ensuring everyone is insured and has access to a minimum acceptable standard of care, providing access to acute and preventive services, and leveling the playing field to ensure that all patients and providers have access to the same resources. Opponents of universal health care tend to argue that it is overly costly and prefer that the private sector manages and funds health care through an unrestricted market approach.
Complexity: Difficult
Ahead: Healthcare Reform
Subject: Chapter 2
Title: The Economics of Women's Health

Taxonomy: Understand

2. Briefly define Accountable Care Organizations (ACOs), and explain how they might lower healthcare costs.
Ans: ACOs are provider organizations that take responsibility for caring for a person and improving that person's overall health, rather than simply providing isolated services. ACOs receive a fixed fee for the broader provision of care and are rewarded if patients' health improves. ACOs could help reduce healthcare costs by providing incentives for providers to offer appropriate amounts of care. ACOs are attempting to provide a more cohesive and rational delivery of preventive services, disease management, and acute care.
Complexity: Difficult
Ahead: Healthcare Reform
Subject: Chapter 2
Title: The Economics of Women's Health
Taxonomy: Understand

3. What is the difference between a health insurance copayment and a deductible?
Ans: A copayment is a set amount of money that the consumers pays every time he or she uses a specific healthcare service or product. A deductible is the amount of money the consumer pays before the health insurer begins to cover the consumer's medical costs.
Complexity: Difficult
Ahead: Informed Decision-Making
Subject: Chapter 2
Title: The Economics of Women's Health
Taxonomy: Understand

4. Give two reasons why Medicare has become increasingly important to the women's health movement.
Ans: The total number and proportion of women in Medicare is growing as the U.S. population ages and women continue to live longer than men. Additionally, in most households, women end up caring for and making decisions about elderly family members.
Complexity: Difficult
Ahead: Choosing an Insurance Plan
Subject: Chapter 2
Title: The Economics of Women's Health
Taxonomy: Understand