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.

Answer: B
Complexity: Moderate
Ahead: Choosing an Insurance Plan
Subject: Chapter 2

2. How did the Patient Protection and Affordable Care Act increase access to health insurance?
A. It lowered the cost of insurance for some individuals and businesses.
B. It kept people with preexisting conditions from being excluded from purchasing insurance.
C. It increased access of health insurance through Medicaid.
D. All of these are correct.

Answer: D
Complexity: Moderate
Ahead: Choosing an Insurance Plan
Subject: Chapter 2

3. Which of the following is covered with no co-pay under the PPACA?
A. Well-women visits
B. Gestational diabetes screening
C. Human papillomavirus (HPV) testing
D. All of these are correct.

Answer: D
Complexity: Moderate
Ahead: Healthcare Reform
Subject: Chapter 2

4. 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.

Answer: C
Complexity: Moderate
Ahead: Healthcare Reform
Subject: Chapter 2

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. All of these are correct.

Answer: D
Complexity: Moderate
Ahead: Long-Term Care and Women as Caregivers
Subject: Chapter 2

6. Which of the following statements is true?
A. Although most health insurance plans include deductibles, the more expensive plans require higher deductibles.
B. Federal legislation mandates that patients pay the same co-payment, regardless of their health insurance.
C. A benefit cap is the maximum amount the health insurance provider will pay for a patient's healthcare costs.
D. All of these are correct.

Answer: C
Complexity: Moderate
Ahead: Paying for Health Care
Subject: Chapter 2

7. In Canada, Western Europe, and the United Kingdom, the majority of people:
A. are automatically insured through the government.
B. purchase health insurance through their place of employment.
C. purchase health insurance directly from private companies.
D. are uninsured.

Answer: A

Complexity: Moderate
Ahead: Paying for Health Care
Subject: Chapter 2

8. Which of the following participants shape the direction of health care in the United States?
A. Physicians
B. Patients
C. Insurers
D. All of these are correct.

Answer: D
Complexity: Moderate
Ahead: Paying for Health Care
Subject: Chapter 2

9. About how much of the current gross domestic product (GDP) is spent on health care?
A. 41%
B. 18%
C. 10%
D. 3%

Answer: B
Complexity: Moderate
Ahead: Paying for Health Care
Subject: Chapter 2

10. 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.

Answer: B
Complexity: Moderate
Ahead: Paying for Health Care
Subject: Chapter 2

11. When were Medicaid and Medicare enacted?

A. 1965
B. 1980
C. 1993
D. 2010

Answer: A
Complexity: Easy
Ahead: Choosing an Insurance Plan
Subject: Chapter 2

12. 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 healthcare costs.

Answer: D
Complexity: Moderate
Ahead: Paying for Health Care
Subject: Chapter 2

13. In a fee-for-service payment environment, what incentives do the physicians have?
A. To perform the most possible services, because the more they do, the more they are paid
B. To do the most complex thing, regardless of need, because they will get paid more
C. To try to do as many procedures as possible in the shortest amount of time, because the more they do, the more they will get paid.
D. All of these are correct.

Answer: D
Complexity: Difficult
Ahead: Paying for Health Care
Subject: Chapter 2

14. The emphasis on managed health care in the United States in the 1990s did which of the following?
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. Had no effect on the rate of healthcare spending

Answer: B
Complexity: Moderate
Ahead: Paying for Health Care
Subject: Chapter 2

Multiple Selection

15. 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)

Answer: A, C, D
Complexity: Moderate
Ahead: Paying for Health Care
Subject: Chapter 2

16. Which of the following statements are true?
A. Men make most of the healthcare decisions for their families.
B. Women are increasingly the target of pharmaceutical and medical device manufacturers.
C. In the past 40 years, women have increased their participation in the workforce.
D. Women are more likely than men to manage the bills in their families.

Answer: B, C, D
Complexity: Moderate
Ahead: Healthcare Reform
Subject: Chapter 2

Essay

17. What are the main arguments for and against a universal health system?

Answer: Universal care ensures everyone is insured and has access to a minimum acceptable standard of care; it provides access to acute and preventive services; and it levels the playing field, ensuring that all patients and providers have access to the same resources. People who tend

to argue against health care tend to believe the “free market” (or competition between providers) encourages more innovation, provides greater consumer choice, reduces wait times, and increases the quality of care.
Complexity: Difficult
Ahead: Choosing an Insurance Plan
Subject: Chapter 2

18. Briefly define what Accountable Care Organizations (ACOs) are and how they might lower healthcare costs.

Answer: ACOs are provider organizations that take responsibility for caring for a person and improving that person’s overall health, rather than simply providing services. ACOs are typically paid based on outcomes (such as a person’s overall health), rather than for a service provided. ACOs could help reduce healthcare costs by providing incentives for providers to offer appropriate amounts of care. ACOs would also encourage providers to manage and prevent chronic conditions at early stages, before more expensive interventions are needed.
Complexity: Difficult
Ahead: Long-Term Care and Women as Caregivers
Subject: Chapter 2

19. What is the difference between a health insurance copayment and a deductible?

Answer: A deductible is the amount of money the consumer pays before the health insurer begins to cover the consumer’s medical costs. A co-payment is a set amount of money that the consumer pays every time he or she uses a specific healthcare service or product.
Complexity: Difficult
Ahead: Paying for Health Care
Subject: Chapter 2

20. Name two reasons why Medicare has become increasingly important to the women’s health movement.

Answer: 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: Healthcare Reform
Subject: Chapter 2