

*Test Bank for Delivering Health Care in
America 8th Edition by Shi, Singh*

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Chapter 1: An Overview of U.S. Health Care Delivery

Short Answer

1. For most privately insured Americans, health insurance is _____; that is, their employers finance health care as a fringe benefit.

Ans: employer-based

Complexity: Easy

Ahead: Basic Components of a Health Care Delivery System

Subject: Chapter 1

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Multiple Choice

1. Under free market conditions, the relationship between the quantity of medical services *demanded* and the price of medical services is:

A) unknown.

B) equal.

C) direct.

D) inverse.

Ans: D

Complexity: Easy

Ahead: Major Characteristics of the U.S. Health Care System

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2. Reimbursement is associated with which of the quad functions?

A) Financing

B) Insurance

C) Delivery

D) Payment

Ans: D

Complexity: Easy

Ahead: Basic Components of a Health Care Delivery System

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3. In a free market, who would pay for the delivery of health care services?

- A) Employers
- B) Patients
- C) Government
- D) Multiple payers

Ans: B

Complexity: Easy

Ahead: Major Characteristics of the U.S. Health Care System

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4. When providers deliver unnecessary services with the objective of protecting themselves against lawsuits, this practice is called:

- A) defensive medicine.
- B) supplier-induced demand.
- C) primary protection.
- D) legal risk.

Ans: A

Complexity: Easy

Ahead: Major Characteristics of the U.S. Health Care System

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5. A method of payment in which providers are reimbursed based on the quality of health care they deliver is called:

- A) fee-for-service
- B) capitated payments
- C) bundled payments
- D) pay-for-value

Ans: D

Complexity: Easy

Ahead: Trends and Directions

Subject: Chapter 1

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6. When the COVID-19 pandemic occurred in 2020, what health care sector received a huge boost in utilization and growth?

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- A) elective procedures
- B) telemedicine
- C) complementary/alternative medicine
- D) outpatient services

Ans: B

Complexity: Easy

Ahead: Trends and Directions

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7. Which of the following is NOT a function of managed care?

- A) increases patient engagement by promoting and facilitating patient-provider communication
- B) determines the price of services and how much providers are paid
- C) seeks to achieve efficiency by integrating the four functions of health care delivery
- D) employs mechanisms to control (manage) utilization of medical services

Ans: A

Complexity: Easy

Ahead: An Overview of the Scope and Size of the System

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True/False

1. True or False? In a free market, multiple patients and providers act interdependently.

Ans: False

Complexity: Easy

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2. True or False? The central agency that delivers health care in the United States is Medicare.

Ans: False

Complexity: Easy

Ahead: A Broad Description of the System

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3. True or False? In a single-payer system, the primary payer usually is an insurance company.

Ans: False

Complexity: Easy

Ahead: Major Characteristics of the U.S. Health Care System

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4. True or False? Moral hazard has to do with insured patients' demand for health care services.

Ans: True

Complexity: Easy

Ahead: Major Characteristics of the U.S. Health Care System

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5. True or False? The United States provides universal health care coverage.

Ans: False

Complexity: Easy

Ahead: Health Care Systems of Other Countries

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6. True or False? The U.S. healthcare system is a fragmented, loosely coordinated network that involves a diverse array of organizations and individuals.

Ans: True

Complexity: Easy

Ahead: An Overview of the Scope and Size of the System

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Essay

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1. Compare and contrast Medicare, Medicaid, and CHIP and provide at least one example of people who can benefit from each program.

Ans: Medicare, Medicaid, and CHIP are all programs administered by the federal government. Medicare covers senior citizens and certain disabled individuals; Medicaid covers people who cannot pay for health care; and CHIP provides health care for children from low-income families.

Complexity: Difficult

Ahead: Insurance and Health Care Reform

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