

Care CEUs

Medicaid in Transition

Executive Summary

1. As economic conditions have continued to improve, pressure on Medicaid enrollment and state budgets has lessened.

- A. True
 - B. False
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2. The states that are planning to adopt the Medicaid expansion are expecting to see:

- A. Higher enrollment and total spending growth compared to the states not expanding Medicaid.
 - B. Lower enrollment and total spending growth compared to the states not expanding Medicaid.
 - C. No change in enrollment and total spending growth compared to the states not expanding Medicaid.
 - D. Any of the above are possible.
-

3. In which fiscal year will states implement some of the most significant modifications to eligibility and enrollment standards in the history of the Medicaid program?

- A. 2012
 - B. 2013
 - C. 2014
 - D. 2015
-

4. Of the twelve states that are implementing Medicaid eligibility restrictions in fiscal year 2014, the cuts are targeted to which group?

- A. Those under the age of 18.
 - B. Non-disabled adults.
 - C. Disabled adults.
 - D. Unemployed adults.
-

5. What is the main reason that more states adopted increases or enhancements to provider rates or benefits than restrictions in fiscal years 2013 and 2014?

- A. Improvements in the economy.
- B. Higher unemployment rates.
- C. A larger number of children below the poverty level.

D. None of the above.

6. The trend of most states adopting increases or enhancements to provider rates or benefits rather than reporting restrictions was true across all major provider groups except which of the following?

- A. Physicians
 - B. Managed care organizations
 - C. Nursing homes
 - D. Hospitals
-

Background: Medicaid Today

7. Within federal guidelines, states have flexibility to:

- A. Decide who qualifies for coverage.
 - B. What benefits to cover.
 - C. How much to pay Medicaid providers and how to deliver care.
 - D. All of the above.
-

8. States with lower average personal incomes have lower FMAPs.

- A. True
 - B. False
-

9. To save \$1 in state funds, a state must cut at least \$_____ in program spending.

- A. 1
 - B. 2
 - C. 3
 - D. 4
-

10. The single most significant source of fiscal relief to states in the ARRA was a temporary increase in the federal share of Medicaid costs.

- A. True
 - B. False
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11. To be eligible for the ARRA funds, states must restrict eligibility and tighten enrollment procedures to make it more difficult to obtain and retain coverage.

- A. True
 - B. False
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12. Medicaid data show that just 5% of Medicaid enrollees account for _____% of program spending.

- A. 93
 - B. 78
 - C. 54
 - D. 32
-

13. The federal government sets minimum eligibility levels for coverage, and then states have the option to expand eligibility to higher incomes.

- A. True
 - B. False
-

14. Medicaid covers which of the following that are often not covered by private insurance?

- A. Transportation
 - B. Durable medical equipment
 - C. Habilitation services
 - D. All of the above
-

15. Unlike Medicare, which primarily covers long-term services and supports (LTSS) needed by people to live independently in the community such as home health care and personal care, Medicaid covers physician and hospital-based acute care services.

- A. True
 - B. False
-

Background: The Affordable Care Act and Medicaid

16. Under the law, which coverage will remain the dominant source of coverage for most Americans?

- A. Medicaid
 - B. Medicare
 - C. Employer sponsored coverage
 - D. Private out-of-pocket coverage
-

17. If a state does not implement the expansion, the Secretary cannot withhold existing federal programs funds. This decision in effect makes the Medicaid expansion optional for states.

- A. True
 - B. False
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18. States are likely to see net savings or offsets to costs from the Medicaid coverage expansion from all of the following except:

- A. Increased state spending for uncompensated care.
 - B. The transition of current Medicaid coverage for specific groups to the "newly eligible" category at the higher match rates.
 - C. Individuals previously eligible for Medicaid with incomes above 138% FPL moving to coverage in the Marketplace.
 - D. Reduced spending for programs that serve indigent populations.
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Methodology

19. Each survey is designed to capture information consistent with previous surveys, particularly for spending trends, enrollment, eligibility, provider payment rates, benefits, long-term care and managed care.

- A. True
 - B. False
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Survey Results for Fiscal Years 2013 and 2014: Medicaid Spending and Enrollment Growth Rates

20. Medicaid is exempt from sequester cuts, however, cuts could be part of a future alternative deficit reduction package.

- A. True
 - B. False
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21. Differences between total and state spending growth rates are usually related to factors such as which of the following?

- A. Annual changes in the state-specific FMAPs.
 - B. Changes in contributions from local governments.
 - C. Provider taxes or tobacco tax funds.
 - D. All of the above.
-

22. As a means-tested program, fewer persons enroll in Medicaid when the economy worsens, and enrollment growth picks up when the economy improves.

- A. True
 - B. False
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23. In fiscal year 2013, Medicaid enrollment had the largest declines occurring in Arizona due to which of the following?

- A. A reduction in coverage for parents from 200% FPL to 100% FPL.
 - B. The enrollment freeze for their adult without dependent children population.
 - C. Implementation of an eligibility expansion in fiscal year 2012 for adults without dependent children.
 - D. All of the above.
-

Survey Results for Fiscal Years 2013 and 2014: 2013 and 2014 Eligibility and Enrollment Changes Including the Medicaid Expansion

24. Medicaid eligibility standards are the rules related to age, family status, immigration and residency status, disability status, income and assets that determine whether an individual or family qualifies for health coverage under the Medicaid program.

- A. True
 - B. False
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25. Which of the following is true regarding the most commonly mentioned changes in how income would be counted?

- A. Child support and certain other unearned income will no longer be counted, which generally will result in fewer people qualifying.
 - B. Step-parent income will now be counted, which will generally result in more people qualifying.
 - C. Step-parent income will now be counted, which will generally result in fewer people qualifying.
 - D. None of the above.
-

26. Almost all states that are not implementing the expansion will see large gaps in coverage for adults.

- A. True
 - B. False
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27. A number of states are increasing funding for programs such as breast and cervical cancer coverage.

- A. True
 - B. False
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28. Some state strategies to provide Medicaid enrollment assistance includes which of the following?

- A. Increasing funding for their enrollment assistance programs.
 - B. Relying on partner agencies and federally qualified health centers to assist applicants.
 - C. Training volunteer application assisters.
 - D. All of the above.
-

29. Which of the following is not an ABP exempt group?

- A. Disabling mental disorders
 - B. Pregnant women
 - C. Current and former foster care children
 - D. Chronic substance abuse disorders
-

Survey Results for Fiscal Years 2013 and 2014: Delivery System Changes

30. The most common Medicaid managed care is through risk-based, capitated Medicaid health plans.

- A. True
 - B. False
-

31. Policy changes reported generally fell into which of the following categories?

- A. Adding new quality metrics and reporting requirements.
 - B. Adding or enhancing pay for performance requirements.
 - C. Increasing the portion of managed care payments withheld or at risk based on managed care performance on quality measures.
 - D. All of the above.
-

32. Which of the following is a group of health care providers that agree to share responsibility for the delivery of care to and the health outcomes of a defined group of people, and the cost of care?

- A. ACOs
 - B. PCMHs
 - C. Health homes
 - D. None of the above
-

33. Care coordination is now almost universal across state Medicaid programs.

- A. True
 - B. False
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34. One way that states are pursuing to better coordinate care is to transition any remaining populations out of managed care and into fee for service programs.

- A. True
 - B. False
-

35. Which of the following is the largest single source of financing for behavioral health services, accounting for over a quarter of spending for behavioral health?

- A. Medicare
 - B. Medicaid
 - C. Private out-of-pocket coverage
 - D. Employer sponsored coverage
-

36. Which of the following is the nation's primary payer for long-term services and supports (LTSS)?

- A. Medicare
 - B. Medicaid
 - C. Private out-of-pocket coverage
 - D. Employer sponsored coverage
-

37. To qualify for the Balancing Incentive Program (BIP), states must do which of the following?

- A. Have devoted less than 50% of their LTC spending to HCBS in fiscal year 2009.
 - B. Develop a "no wrong door / single entry point" system for all long-term care services.
 - C. Create conflict-free case management services.
 - D. All of the above.
-

Survey Results for Fiscal Years 2013 and 2014: Other Medicaid Policy Initiatives for FY 2013 and FY 2014

38. More states reported benefit limitations or eliminations than benefit expansions or enhancements.

- A. True
 - B. False
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39. Institutional providers like hospitals and nursing homes are more likely than other providers to have inflation adjustments built into their rates, so historically they have been less likely than other groups to have rate increases.

- A. True

B. False

40. Provider taxes are currently limited by federal law to not more than _____% of the net patient revenues of all providers in the category that is being taxed.

- A. 6
 - B. 9
 - C. 12
 - D. 15
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