

# Care CEUs

## Financial and Expense Management

**1. A health care administrator has questions regarding GPOs. Which of the following informational points of interest should be communicated to the health care administrator?**

- A. The use of a GPO is voluntary.
  - B. Nursing homes must use GPOs.
  - C. Assisted living facilities must use GPOs.
  - D. Nursing homes and assisted living facilities must use GPOs if their population is over 100 residents.
- 

**2. How does a GPO typically work to save health care organizations money?**

- A. A GPO typically works to save health care organizations money by negotiating contracts between the U.S. government and health care providers/organizations, which reduces a health care organization's taxes.
  - B. A GPO typically works to save health care organizations money by negotiating contracts between medical supply and services vendors and health care providers/organizations, which reduces health care organization's taxes and related legal fees.
  - C. A GPO typically works to save health care organizations money by negotiating contracts between the U.S. government and health care providers/organizations, which reduces transaction costs, and, ultimately, provides health care providers/organizations lower prices for needed supplies.
  - D. A GPO typically works to save health care organizations money by negotiating contracts between medical supply and services vendors and health care providers/organizations, which reduces transaction costs, and, ultimately, provides health care providers/organizations lower prices for needed supplies.
- 

**3. How is a GPO typically financed?**

- A. A GPO is typically financed, at least in part, by hospital fees.
  - B. A GPO is typically financed, at least in part, by nursing home fees.
  - C. A GPO is typically financed, at least in part, by assisted living fees.
  - D. A GPO is typically financed, at least in part, by vendor fees.
- 

**4. Which of the following statements is most accurate?**

- A. Anti-kickback statutes and related safe harbor regulations typically apply to GPOs.
- B. Anti-kickback statutes and related safe harbor regulations typically only apply to GPOs that service hospitals.
- C. Anti-kickback statutes and related safe harbor regulations do not typically apply to GPOs.

D. Anti-kickback statutes and related safe harbor regulations do not typically apply to GPOs established after 2010.

---

**5. A health care administrator is developing an educational lecture centered on anti-kickback statutes. Which of the following informational points of interest should be included in the health care administrator's lecture?**

- A. The anti-kickback statute may refer to a criminal law that allows the knowing and willful payment of remuneration to induce patient referrals.
  - B. The anti-kickback statute may refer to a criminal law that prohibits the knowing and willful payment of remuneration to induce or reward patient referrals or the generation of business involving any item or service payable by the Federal health care programs.
  - C. The anti-kickback statute does not apply to nursing homes.
  - D. The anti-kickback statute does not apply to assisted living facilities.
- 

**6. Which of the following statements best describes safe harbors?**

- A. Safe harbors protect GPOs from paying taxes related to patient care.
  - B. Safe harbors protect nursing homes and assisted living facilities from paying taxes related to GPOs.
  - C. Safe harbors protect health care organizations from GPOs.
  - D. Safe harbors protect certain payment and business practices that could otherwise implicate the AKS from criminal and civil prosecution.
- 

**7. To qualify for protection under the GPO safe harbor, a GPO must have which of the following?**

- A. Federal tax exemption.
  - B. State tax exemption.
  - C. A written agreement with a hospital.
  - D. A written agreement with each individual or entity for which items or services are furnished.
- 

**8. A health care administrator would like to use effective communication to motivate a group of health care professionals. As a result, the health care administrator has questions regarding the communication process. Which of the following informational points of interest should be expressed to the health care administrator regarding the communication process?**

- A. The receiver is the source that originates a message.
  - B. Encoding and decoding refer to the same process.
  - C. Feedback may refer to a receiver's response to a sender's message.
  - D. Decoding may refer to the process of selecting sounds, words, gestures, facial expressions, tones of voice, eye contact methods, body language, postures, and/or other means to generate a message.
-

**9. A health care administrator engages in communication with a health care professional employee. The health care administrator provides the health care professional employee with information regarding a project. The health care administrator provides the health care professional employee with an opportunity to express ideas regarding the project and ask any relevant questions. The health care professional employee asks the health care administrator a few questions, and the health care administrator answers the health care professional employee's questions. Based on the previous example, which of the following statements is most accurate?**

- A. The health care administrator and the health care professional employee engaged in one-way communication.
  - B. The health care administrator and the health care professional employee engaged in two-way communication.
  - C. The health care administrator and the health care professional employee engaged in linear, horizontal communication.
  - D. The health care administrator and the health care professional employee engaged in both vertical and horizontal communication.
- 

**10. Which of the following best represents an example of horizontal communication?**

- A. A health care professional informs a health care administrator of a safety hazard.
  - B. A health care administrator discusses patient care with a fellow health care administrator.
  - C. A health care professional provides medication information to a patient.
  - D. A health care professional discusses treatment options with a patient's family.
- 

**11. A health care administrator has questions regarding grievances, as they pertain to a professional setting. Which of the following informational points of interest should be communicated to the health care administrator?**

- A. A grievance may refer to a matter of concern regarding a potential violation of work-related rights, which is formally submitted, without fear of retaliation, and does not require a formal response.
  - B. A grievance may refer to a matter of concern regarding a potential violation of work-related rights, which is formally submitted, without fear of retaliation, and requires a formal response.
  - C. A grievance may refer to a matter of concern regarding a potential violation of work-related rights, which is informally submitted, without fear of retaliation, and requires a formal response.
  - D. A grievance may refer to a matter of concern regarding a potential violation of work-related rights, which is informally submitted, and requires a formal response within 24 hours.
- 

**12. Which of the following statements best defines the term "collaborative staffing model?"**

- A. The collaborative staffing model may refer to an employee staffing model that encourages health care managers to develop week-to-week employee schedules based on cash flow statements.
- B. The collaborative staffing model may refer to an employee staffing model that encourages health care managers to develop month-to-month employee schedules based on cash flow

statements.

C. The collaborative staffing model may refer to an employee staffing model that encourages and allows health care managers and health care professionals to work together to create schedules and/or fill required open shifts across a health care organization.

D. The collaborative staffing model may refer to an employee staffing model that encourages and allows health care managers and health care professionals to work together to create schedules and/or fill required open shifts over a period of six to eight months.

---

**13. A health care professional is suffering from stress. As a result, the health care professional has questions related to stress. Which of the following informational points of interest should be communicated to the health care professional?**

A. Stress is typically only related to a "negative" event.

B. Stress can be related to a "negative" event such as an accident, as well as a "positive" event such as a promotion.

C. Stress is not related to tension.

D. Stress does not typically affect individuals under the age of 40.

---

**14. Which of the following best represents a sign/symptom of stress?**

A. Extreme focus on work

B. Irritability

C. Polydipsia

D. Erythema

---

**15. A health care administrator has questions regarding burn-out. Which of the following informational points of interest should be communicated to the health care administrator?**

A. Burn-out and stress are not related.

B. Burn-out typically only affects individuals over the age of 65.

C. Burn-out may refer to a syndrome conceptualized as resulting from chronic personal stress that has not been successfully managed.

D. Burn-out may refer to a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.

---

**16. Which of the following best represents a dimension of burn-out?**

A. Feelings of energy depletion

B. Feelings of increased energy

C. Increased mental focus on one's job

D. Increased attention on one's job, over the course of six months

---

**17. Which of the following statements is most accurate?**

- A. The OSH Act states that employers must inform workers about hazards through training, labels, alarms, color-coded systems, chemical information sheets, and other methods.
  - B. The OSH Act does not require employers to provide their employees with working conditions that are free of known dangers.
  - C. The OSH Act states that employers must notify OSHA within 12 hours of a workplace fatality.
  - D. The OSH Act states that employers must notify OSHA within 24 hours of a workplace fatality.
- 

**18. CMP funds may be used for which of the following?**

- A. Assistance to support health care administrators' debt related to short-term liabilities.
  - B. Assistance to support health care administrators' debt related to long-term liabilities.
  - C. Assistance to support health care administrators' personal employee benefits.
  - D. Assistance to support and protect residents of a facility that closes or is decertified.
- 

**19. Which of the following statements is most accurate?**

- A. The application process for CMP funds is determined by the state in which the nursing home is located.
  - B. The application process for CMP funds is determined by the federal government, and not the state in which the nursing home is located.
  - C. CMP funds may be used to pay entities to perform functions which they are already paid by State, Federal or other sources.
  - D. CMP funds may only be used to pay entities to perform functions which they are already paid by State, Federal or other sources.
- 

**20. A health care administrator has questions regarding the ALCP. Which of the following informational points of interest should be communicated to the health care administrator?**

- A. The ALCP provides private, nonprofit owners of eligible developments with a grant to convert some or all of the dwelling units in the project into a hospital or service-enriched housing (SEH) for elderly residents aging in place.
  - B. The ALCP provides private, nonprofit owners of eligible developments with a grant to convert some or all of the dwelling units in the project into a hospital, nursing home, or service-enriched housing (SEH) for elderly residents aging in place.
  - C. The ALCP provides private, nonprofit owners of eligible developments with a grant to convert some or all of the dwelling units in the project into a hospital, nursing home, physical therapist facility, and/or service-enriched housing (SEH) for elderly residents aging in place.
  - D. The ALCP provides private, nonprofit owners of eligible developments with a grant to convert some or all of the dwelling units in the project into an assisted living facility or service-enriched housing (SEH) for elderly residents aging in place.
- 

**21. Which of the following statements is most accurate?**

- A. Housing choice vouchers are only administered by the federal government.
- B. Housing choice vouchers are administered locally by PHAs.

- C. Eligibility for a housing voucher is determined by the federal government, and is based on the total annual net income.
- D. Eligibility for a housing voucher is determined by state governments, and is based on the total annual net income.
- 

**22. A health care administrator is developing an educational lecture centered on the Multifamily Housing Projects Designated for Occupancy program. Which of the following informational points of interest should be included in the health care administrator's lecture?**

- A. The Multifamily Housing Projects Designated for Occupancy is managed by the Housing and Urban Development Program, which helps provide grants to assisted living facilities in need of all types of emergency maintenance help in order to stay open.
- B. The Multifamily Housing Projects Designated for Occupancy is managed by the Housing and Urban Development Program, which helps provide grants to nursing homes and hospitals in need of all types of emergency maintenance help in order to stay open.
- C. Individual facilities may receive up to \$150,000.
- D. Individual facilities may receive up to \$250,000.
- 

**23. A health care administrator is attempting to assist a veteran. As a result, the health care administrator has questions regarding veteran programs. Which of the following informational points of interest should be communicated to the health care administrator?**

- A. Veterans may receive assistance to pay for the following: VA nursing centers, state-owned and -managed centers that provide full-time care for veterans, and non-VA nursing homes.
- B. Veterans may only receive assistance to pay for VA nursing centers.
- C. Veterans may only receive assistance to pay for VA nursing centers and federal hospitals.
- D. Veterans over the age of 85 cannot receive assistance.
- 

**24. Which of the following statements is most accurate?**

- A. Part 1 of the CARES Act requires the Strategic National Stockpile to include personal protective equipment, ancillary medical supplies, and supplies required for administering drugs, vaccines and other biological products, medical devices, and diagnostic tests.
- B. Part 2 of the CARES Act requires the Strategic National Stockpile to only include personal protective equipment.
- C. Part 3 of the CARES Act requires the Strategic National Stockpile to provide personal protective equipment to hospitals and nursing homes.
- D. Part 4 of the CARES Act requires the Strategic National Stockpile to provide personal protective equipment to individuals over the age of 65.
- 

**25. A health care administrator has questions regarding the CARES Act. Which of the following informational points of interest should be communicated to the health care administrator?**

- A. Part 1 of the CARES Act amends the Federal Food, Drug, and Cosmetic Act to require the Secretary of HHS to prioritize expedited review and inspections if there is or is likely to be a

shortage of a drug that is life-supporting, life-sustaining, or intended to prevent or treat a debilitating disease or condition.

B. Part 1 of the CARES Act amends the Federal Food, Drug, and Cosmetic Act to require the Secretary of HHS to prioritize expedited review and inspections only if there is or is likely to be a shortage of a drug that is life-supporting, life-sustaining for individuals over the age of 65.

C. Part 2 of the CARES Act amends the Federal Food, Drug, and Cosmetic Act to require the Secretary of HHS to prioritize expedited review and inspections of nursing homes established before 2010.

D. Part 2 of the CARES Act amends the Federal Food, Drug, and Cosmetic Act to require the Secretary of HHS to prioritize expedited review and inspections of nursing homes established after 2010.

---

**26. Part 1 of the CARES Act provides for which of the following?**

A. Part 1 of the CARES Act provides for a limitation of reporting requirements when drug manufacturing interruption or discontinuation occurs and is likely to lead to a meaningful disruption when the drug or ingredient is critical to the public health during a public health emergency

B. Part 1 of the CARES Act provides for additional reporting requirements when drug manufacturing interruption or discontinuation occurs and is likely to lead to a meaningful disruption when the drug or ingredient is critical to the public health during a public health emergency.

C. Part 1 of the CARES Act provides for a removal of all reporting requirements when drug manufacturing interruption or discontinuation occurs.

D. Part 1 of the CARES Act provides for a removal of all reporting requirements when drug manufacturing interruption or discontinuation occurs over a period of one month.

---

**27. Part 2 of the CARES Act requires which of the following?**

A. Part 2 of the CARES Act requires group health plans and individual health insurance policies to cover any qualifying coronavirus preventive service, not including a vaccine.

B. Part 2 of the CARES Act requires group health plans and individual health insurance policies to cover any qualifying coronavirus preventive service, not including a vaccine or COVID-19 related test.

C. Part 2 of the CARES Act requires group health plans and individual health insurance policies to cover any qualifying coronavirus preventive service, including a vaccine.

D. Part 2 of the CARES Act requires group health plans and individual health insurance policies to cover any qualifying coronavirus preventive service, including a vaccine with cost-sharing no later than 30 days after it is recommended.

---

**28. Part 2 of the CARES Act states which of the following?**

A. Part 2 of the CARES Act states that during any portion of the COVID-19 public health emergency, the Secretary of HHS shall allow any state or area agency on aging to transfer no more than 100% of funds to address the needs of the area served.

- B. Part 2 of the CARES Act states that during any portion of the COVID-19 public health emergency, the Secretary of HHS shall not allow any state or area agency on aging to transfer no more than 100% of funds to address the needs of the area served.
- C. Part 2 of the CARES Act states that during any portion of the COVID-19 public health emergency, the Secretary of HHS shall allow any state or area agency on aging to transfer no more than 50% of funds to address the needs of the area served.
- D. Part 2 of the CARES Act states that during any portion of the COVID-19 public health emergency, the Secretary of HHS shall allow any state or area agency on aging to transfer no more than 75% of funds to address the needs of the area served.
- 

**29. Part 2 of the CARES Act amends which of the following?**

- A. Part 2 of the CARES Act amends Title VIII of the Public Health Service Act to establish education and training programs related to older adults over the age of 85.
- B. Part 2 of the CARES Act amends Title VIII of the Public Health Service Act to establish education and training programs related to older adults over the age of 85 residing in nursing homes.
- C. Part 2 of the CARES Act amends the Public Health Service Act to establish education and training programs related to geriatrics.
- D. Part 2 of the CARES Act amends the Public Health Service Act to establish education and training programs related to geriatrics in VA hospitals.
- 

**30. The CARES Act requires which of the following?**

- A. The CARES Act requires Medicare prescription drug plans and Medicare Advantage drug plans to permit Part D plan enrollees to obtain a 30-day supply of a covered Part D drug (even if the drug is subject to cost and utilization management, medication therapy management, or other such programs) during the COVID-19 emergency period.
- B. The CARES Act requires Medicare prescription drug plans and Medicare Advantage drug plans to permit Part D plan enrollees to obtain a 90-day supply of a covered Part D drug (even if the drug is subject to cost and utilization management, medication therapy management, or other such programs) during the COVID-19 emergency period.
- C. The CARES Act requires Medicare prescription drug plans and Medicare Advantage drug plans to permit Part D plan enrollees to obtain a 30-day supply of a covered Part D drug (only if the drug is subject to cost and utilization management, medication therapy management, or other such programs) during the COVID-19 emergency period, and non-emergency period.
- D. The CARES Act requires Medicare prescription drug plans and Medicare Advantage drug plans to permit Part D plan enrollees to obtain a 60-day supply of a covered Part D drug (only if the drug is subject to cost and utilization management, medication therapy management, or other such programs) during the COVID-19 emergency period, and non-emergency period .
- 

**31. A health care administrator has questions regarding the American Rescue Plan and the Provider Relief Fund. Which of the following informational points of interest should be communicated to the health care administrator?**



- A. Qualified providers of health care, services, and support may receive Provider Relief Fund payments for health care-related expenses or lost revenues due to coronavirus, which do not need to be repaid to the US government.
  - B. Qualified providers of health care, services, and support may receive Provider Relief Fund payments for health care-related expenses or lost revenues due to coronavirus, which do need to be repaid to the US government.
  - C. Phase 4 payments will be based on providers' lost revenues and expenditures between July 1, 2019, and March 31, 2021.
  - D. Phase 4 payments will be based on providers' lost revenues and expenditures between July 1, 2020, and March 31, 2022.
- 

**32. Which of the following statements best defines the term "budget?"**

- A. A budget may refer to financial restriction for an undefined period of time.
  - B. A budget may refer to financial restriction for a defined period of time.
  - C. A budget may refer to a financial plan for a defined period of time.
  - D. A budget may refer to a financial plan for an undefined period of time.
- 

**33. Unless exempt, employees covered by the Fair Labor Standards Act must receive overtime pay for which of the following?**

- A. Unless exempt, employees covered by the Act must receive overtime pay for hours worked over 40 in a workweek at a rate not less than time and one-half their regular rates of pay.
  - B. Unless exempt, employees covered by the Act must receive overtime pay for hours worked over 50 in a workweek at a rate not less than time and one-half their regular rates of pay.
  - C. Exempt employees must receive overtime pay for hours worked over 40 in a workweek at a rate not less than one-half their regular rates of pay.
  - D. Exempt employees must receive overtime pay for hours worked over 50 in a workweek at a rate not less than one-half their regular rates of pay.
- 

**34. According to the U.S. Department of Labor, which of the following statements is most accurate?**

- A. Registered nurses who are paid on an hourly basis should receive overtime pay.
  - B. Registered nurses who are paid on an hourly basis should not receive overtime pay.
  - C. Registered nurses who are paid on an hourly basis should receive overtime pay. However, registered nurses who are registered by the appropriate State examining board generally meet the duties requirements for the learned professional exemption and, if paid on a salary basis of at least \$400 per week, may be classified as exempt.
  - D. Registered nurses who are paid on an hourly basis should receive overtime pay. However, registered nurses who are registered by the appropriate State examining board generally meet the duties requirements for the learned professional exemption and, if paid on a salary basis of at least \$500 per week, may be classified as exempt.
-

**35. Which of the following best represents a key element of a financial statement?**

- A. An employee list
  - B. Cash flow statement
  - C. Short-term requirements
  - D. Long-term requirements
- 

**36. Which of the following statements best defines the term "short-term asset?"**

- A. A short-term asset may refer to any resource that is held for a maximum of six months.
  - B. A short-term asset may refer to any resource that is held for a year or less.
  - C. A short-term asset may refer to any resource that is held for two years or more.
  - D. A short-term asset may refer to any resource that is held for three years or more.
- 

**37. Which of the following best represents an example of a long-term asset?**

- A. Cash
  - B. Inventory
  - C. Prepaid expenses
  - D. Land
- 

**38. Which of the following best represents a financial and expense management recommendation?**

- A. Set financial goals.
  - B. Only set short-term financial goals.
  - C. Only set long-term financial goals.
  - D. Avoid setting financial goals.
- 

**39. Which of the following best represents an element of professional autonomy?**

- A. Limit decision making ability
  - B. Limit communication
  - C. Avoid micromanagement
  - D. Engage in micromanagement
- 

**40. A health care administrator has questions regarding how to embrace integrity. Which of the following informational points of interest should be communicated to the health care administrator?**

- A. Follow health care organization policies and procedures.
  - B. Avoid transparency.
  - C. Engage in social media interactions with peers even if they lead to conflict.
  - D. Inject yourself into individuals' personal life at all times.
-

Copyright © 2024 Care CEUs

Visit us at <https://www.careceus.com>