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Healthcare Addendum

ACHE of Georgia

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Percentage and Number of Exam Questions in Each Knowledge Area

#	Knowledge Area	Percentage	Number of Questions
1	Healthcare	14%	28
2	Management and Leadership	13%	26
3	Finance	12%	24
4	Human Resources	11%	22
5	Quality and Performance Improvement	10%	20
6	Business	9%	18
7	Healthcare Technology and Information Management	9%	18
8	Laws and Regulations	8%	16
9	Professionalism and Ethics	8%	16
10	Governance and Organizational Structure	6%	12
		100%	200



Glossary of Healthcare Terms

- Hospital Association of New York State (HANYYS) (online list)

<https://www.hanys.org/search/?action=terms>

- North Carolina Healthcare Association (online list)

<https://www.ncha.org/healthcareterms/>

- Texas Hospital Assn (Note: \$3 fee)

<https://www.tht.org/Library/Health-Care-Terms-and-Abbreviations>

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Additional Summary

- **Premium:** A monthly payment you make to have health insurance.
 - Like a gym membership, you pay the premium each month, even if you don't use it, or else lose coverage.
- **Copay:** A predetermined rate you pay for health care services at the time of care.
 - The fixed amount you may pay for a covered health care service after you've paid your deductible.
 - For example, you may have a \$25 copay every time you see your PCP, a \$10 copay for each monthly medication and a \$250 copay for an emergency room visit.

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Additional Summary

- **Deductible:** The deductible is how much you pay before your health insurance starts to cover a larger portion of your bills.
 - In general, if you have a \$1,000 deductible, you must pay \$1,000 for your own care out-of-pocket before your insurer starts covering a higher portion of costs. The deductible resets yearly.



Additional Summary

- **Coinsurance:** Coinsurance is a percentage of a medical charge that you pay, with the rest paid by your health insurance plan that typically applies after your deductible has been met.
 - The percentage of healthcare costs you owe after your insurance company covers its share.
 - For example, if you have a 20% coinsurance, you pay 20% of each medical bill, and your health insurance will cover 80%.

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Additional Summary

- **Out-of-pocket maximum:** The most you could have to pay in one year, out of pocket, for your health care before your insurance covers 100% of the bill.
 - The most you have to pay for covered services in a plan year.
 - Here you can see the maximums allowed by the government for private plans for this year.



Additional Summary

- **Indemnity Plans:**
 - Non-managed care plans are called indemnity plans.
 - These are health plans that don't have provider networks, and simply reimburse a portion of your charges for any covered medical service.



Additional Summary

- **Medicaid vs Medicare:**

- The difference between Medicaid and Medicare is that Medicaid is managed by states and is based on income.
- Medicare is managed by the federal government and is mainly based on age.
- But there are special circumstances, like certain disabilities, that may allow younger people to get Medicare.

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Additional Summary

- **HMO vs PPO vs EPO vs POS:**

- **HMO:**

- Required PCP referrals. Out-of-Network is not covered (except in some emergencies). Lower monthly premiums.

- **PPO: “Preferred”**

- Expected that medical care is sought within the “preferred” network. Out-of-Network is also covered. Less restrictive compared to HMO. High premiums.

- **EPO: “Exclusive”**

- “Exclusive” Network of providers. Stay within the network. Out-of-Network is not covered. No referral needed to see a specialist. EPO is similar to PPO but without coverage for out-of-network care.

- **POS: Point of Service**

- Less restrictive. Similar to HMOs, but in some instances are allowed to get out-of-network care like a PPO.

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Additional Summary

- **The 5 Is of Geriatric Giants are:**
 - Iatrogenesis: any injury or illness that occurs as a result of medical care
 - Immobility
 - Instability
 - Incontinence: Loss of bladder control
 - Impaired cognition



**Happy Learning
&
Good Luck!**

