

THE EVENT OF THE CURRENT CONTROLNO. 2.
The maximum number of points is 20

Algorithm for conducting a "control point" in the Moodle educational environment, three tasks are provided for each student, using a random distribution method from the uploaded task database (attached):

1. Test task 12 tests – 6 points;
2. Calculation tasks-1 task – 8 points;
3. Control questions-2 questions – 6 points.

TASK DATABASES

1. Test tasks:

1. the Method of transferring the cost of fixed assets to the cost of production is:

- a) depreciation;
- b) calculation of fixed costs;
- C) tax deductions;
- d) all of the above;
- e) none of the above.

2. Buildings and structures represent as part of fixed assets:

- a) the passive part;
- b) active part;
- C) the main part;
- d) immovable part;
- e) there is no correct answer.

3. Which of the above can be attributed to a comprehensive medical service?

- a) professional examination;
- b) injection;
- C) operation;
- d) all answers are correct;

4. The cost of fixed assets is:

- a) all of the above;
- b) initial;
- C) residual value;
- d) restorative.

5. Calculating the cost of a unit of performed service or medical services is:

- a) calculation;
- b) inflation;
- in pricing;
- d) budget planning;
- e) there is no correct answer.

6. what is the name of the stock that is created in case of unforeseen deviations in supply:

- a) insurance;
- b) the current;
- C) the daily;
- d) General;
- e) there is no correct answer.

7. The active part of fixed assets is:

- a) buildings, structures;
- b) dressing material;

- C) computer equipment;
- d) medicines;
- e) there is no correct answer.

8. The main facilities include:

- a) buildings, structures;
- b) medicines, dressings;
- C) soft inventory;
- d) food products;
- e) there is no correct answer.

9. Indicators of the state and use of fixed assets are:

- a) return on funds;
- b) cost price;
- c) in productivity;
- d) material output;
- e) profitability.

10. the level of reimbursement of expenses of medical organizations for the implementation of territorial health insurance programs determines:

- a) tariff;
- b) budget assessment;
- c) the contract price;
- d) chief medical officer;
- e) market price.

11. Compulsory health insurance is

- a) an integral part of the state social insurance system;
- b) a system aimed at increasing the remuneration of medical workers;
- C) the same as accident insurance;
- d) the same as social insurance.

12. What is the relationship of the medical effectiveness of health care institutions with their economic efficiency?

- a) the medical effectiveness of therapeutic and preventive measures is always accompanied by economic efficiency;
- b) in most cases, the medical and social effectiveness of therapeutic and preventive measures is accompanied by economic efficiency;
- C) the medical and social effectiveness of therapeutic and preventive measures is not always accompanied by economic efficiency;
- d) there is no connection;
- e) there is no correct answer.

13. What is the balance of the health institution?

- a) balance sheet – a financial document that reflects the financial and property status of a healthcare institution for a certain period (year, quarter);
- b) balance sheet – a financial document that reflects the financial and property status of a healthcare institution on a certain date;
- C) balance sheet – a financial document that reflects the ratio of funds of a healthcare institution to financial liabilities;
- d) balance sheet – a financial document that reflects the expenses and income of a healthcare institution for the year;
- e) balance sheet - a financial document that reflects the amount of taxes.

14. What is the total value of the property of a healthcare facility, including the cost of medical technologies?

- a) enterprise asset;
- b) a tangible asset;

- C) an intangible asset;
- d) the company's liability;
- e) working capital.

15. What is the name of an economic indicator that reflects the cost of medical care provided per unit of value of all assets?

- a) the turnover ratio of all assets;
- b) the turnover ratio of fixed assets;
- C) the period of turnover of all assets;
- d) the period of turnover of fixed assets;
- e) liquidity ratio.

16. Indirect expenses of a healthcare institution are:

- a) business trips;
- b) food products;
- C) medicines;
- d) medical equipment;

17. the Number of days during which the value of all assets is transferred to the cost of medical services is:

- a) the turnover ratio of all assets;
- b) the period of turnover of all assets;
- C) the turnover ratio of fixed assets;
- d) the period of turnover of fixed assets;
- e) liquidity ratio.

18. The cost of fixed assets per unit of volume of medical services is:

- a) the capital intensity of medical care;
- b) the turnover ratio of fixed assets;
- C) the period of turnover of fixed assets;
- d) turnover ratio of all assets;
- e) the period of turnover of all assets.

19. Material costs per unit cost of medical services are:

- a) material consumption;
- b) Fund intensity;
- C) return on funds;
- d) labor productivity;
- e) salary capacity.

20. an Indicator that reflects the volume of medical services per health worker is:

- a) labor productivity;
- b) Fund intensity;
- C) return on funds;
- d) salary capacity;
- e) material consumption.

21. what is the type of food costs for patients of a medical organization in the estimate of the cost of medical services?

- a) direct variable costs;
- b) variable costs;
- C) direct costs;
- d) indirect expenses;
- e) fixed costs.

22. what type of expenses for the purchase of medicines of a medical organization in the estimate of the cost of medical services:

- a) direct variable costs;

- b) indirect expenses;
- C) fixed costs;
- d) variable costs;
- e) direct costs.

23. how does the profitability of self-supporting activities of a healthcare institution affect the volume of paid medical services?

- a) when the volume of paid medical services increases, all other things being equal, their profitability increases;
- b) if the volume of paid medical services increases, all other things being equal, their profitability will fluctuate;
- C) when the volume of paid medical services increases, all other things being equal, their profitability decreases;
- d) when the volume of paid medical services increases, other things being equal, their profitability does not change;
- e) does not depend.

24. What does not apply to the main goals of the introduction of clinical and statistical groups in the Russian Federation:

- a) regulation of expenses of a medical organization;
- b) improving the fairness of the hospital funding system, which consists of higher payments for more services rendered and more complex and severe cases
- C) improving the efficiency of inpatient care by minimizing incentives to unnecessarily lengthen treatment periods, maintaining an inefficiently functioning bed Fund, and creating incentives to improve patient routing;
- d) using modern diagnostic and treatment technologies, improving the range of services provided and optimizing the profile of beds.
- e) unification of payment methods and tariffs for medical care throughout the Russian Federation;

25. How does the cost of a bed day by level of hospital specialization?

- a) in specialized departments, the cost of a bed day is higher than in General departments;
- b) does not depend;
- C) in specialized departments, the cost of a bed day is less than in General departments;
- d) in specialized departments and in General departments, the cost of a bed day is the same;
- e) in specialized and General departments, the cost of a bed day varies.

26. Expenses that can be directly attributed to certain types of medical services provided are:

- a) direct;
- b) indirect;
- C) auxiliary;
- d) variables;
- e) General.

27. what applies to direct expenses:

- a) salary of administrative and managerial personnel, utility and economic expenses;
- b) transportation costs;
- C) expenses for performing routine repairs.
- d) travel expenses;
- e) rent payments.

28. what is the name of the cost estimate of the labor and material resources used, which is made using the calculation:

- a) cost price;
- b) the price;
into the tariff;
- d) profit;
- e) profitability.

29. What costs cannot be directly allocated to specific services:

- a) indirect;
- b) direct;
- C) gross;
- d) permanent;
- e) there is no correct answer.

30. The profit in the planned scope of services is:

- a) gross;
- b) economic;
- C) net;
- d) accounting;
- e) there is no correct answer.

31. Recommended level of profitability for medical organizations:

- a) up to 20%;
- b) up to 5%;
- C) up to 35%;
- d) below 5%;
- e) there is no correct answer.

32. In any case, the efficient use of hospital beds increases? By

- a) increasing the turnover of beds;
- b) stabilization of the turnover of beds;
- C) reducing the turnover of beds;
- d) in no case;
- e) increases in all cases.

33. Specify which statement is the most accurate

- a) all EU countries use the same indicators of quality of medical services;
- b) all EU countries have defined a package of benefits, including more medical procedures in the list;
- C) in no EU country are all health care expenses paid by the state;
- d) in Germany and France, the population receives medical care free of charge;
- e) in most EU countries, all health care costs are paid by the state.

34. what is the characteristic of the contract model of health care financing?

- a) contractual relations between the funding party and medical organizations;
- b) merging the functions of financing and providing medical care;
- C) funding related to resource indicators;
- d) setting planned tasks;
- e) funding at the level of the previous year.

35. what controls the contract between the Department of health and health care providers?

- a) the volume and quality of medical services provided and guarantees of their accessibility to the population;
- b) punctuality of medical personnel and suppliers;
- C) the quality of work performed by the supplier's service personnel;
- d) timely receipt of salaries by the staff of medical service providers;
- e) organization of events for repair and maintenance of medical equipment.

36. Compulsory health insurance is...

- a) an integral part of the state social insurance system;
- b) a system aimed at increasing the remuneration of medical workers;
- C) the same as accident insurance;
- d) the same as social insurance.

37. The introduction of compulsory health insurance in Russia was aimed at:

- a) all statements are correct.
- b) improving the quality of medical care;
- c) increase in wages for medical workers;
- d) obtaining a sustainable source of funding for health care institutions.

38. Who has the right to control an Autonomous health care institution?

- a) associations of doctors or nurses;
- b) patient organizations;
- c) trade unions;
- d) payers (contract with the insurance Fund);
- e) representatives of public organizations.

39. What is the main drawback of the budget health system?

- a) bureaucratic behavior of health management bodies;
- b) late payments;
- c) insufficient funding for preventive health care;
- d) inefficiency in limiting total expenditures;
- e) high level of administrative expenses.

40. what type of medical documentation is the "medical card of an inpatient" (form # 003/y)

- a) documents intended for medical and secondary medical staff;
- b) to the documents intended for control and communication between separate links of patient care within the institution;
- c) to documents that reflect, in General, the amount of work performed by medical staff;
- d) to the constituent documents of a medical organization;
- e) to documents that record the work of a medical organization.

41. What is the purpose of medical records?

- a) for periodic generalization of information on certain areas of activity of a medical organization;
- b) for accounting of expenses of the medical organization;
- c) to take into account the timeliness of providing medicines to a medical organization;
- d) to accumulate and store information about the patient;
- e) to accumulate information about the provision of medical and preventive care to the patient.

42. What is the purpose of reporting medical and statistical documentation?

- a) all the listed directions are correct;
- b) generalization of the main characteristics of the health system according to the annual reports;
- c) territorial analysis of the activities of health institutions and services based on the main statistical indicators;
- d) health planning and forecasting;
- e) assessment of the quality of each doctor's work.

43. What is the first thing that ensures the completeness and reliability of medical reports?

- a) a single reporting program for all types of health care facilities;
- b) a unified nomenclature of health care institutions;
- c) common principles and methods of medical and preventive and sanitary-preventive activities;
- d) a unified system of primary documentation.

44. Specify the main health care investors:

- a) patients, the state, medical insurance organizations;
- b) banks;
- c) into the fund;
- d) public organizations;
- e) all of the above is true.

45. What relations characterize the economic relations that arise in the course of professional medical activity:
- a) all of the above is true;
 - b) socio-economic;
 - C) organizational and economic;
 - d) of an economic nature in matters of technology and technical support;
 - e) management;
46. The most liquid assets include:
- a) cash funds current financial investments;
 - b) finished products, goods;
 - C) cash and receivables;
 - d) production stocks;
 - e) accounts payable.
47. the amount of debt to be returned to creditors is:
- a) accounts payable;
 - b) accounts receivable;
 - C) tax arrears;
 - d) insurance debt;
 - e) there is no correct answer.
48. What coefficient shows the share of fixed assets that are annually retired from production?
- a) disposal ratio;
 - b) the ratio of capital-labor ratio;
 - C) the accumulation factor;
 - d) update rate;
 - e) the coefficient of return on funds.
49. what is the purpose of performing a population morbidity analysis?
- a) characteristics of the health status of the population;
 - b) planning of preventive measures;
 - C) assessment of the patient's health status;
 - d) assessment of the level of sanitary culture of the population;
 - e) development of a plan to improve the skills of medical personnel.
50. How to calculate the average number of beds?
- a) the ratio of the sum of all average monthly beds to the number of months in the year;
 - b) the ratio of the sum of all average monthly beds to the turnover of beds;
 - C) the ratio of the sum of all average monthly beds to the number of days of bed operation per year;
 - d) the ratio of the sum of all average monthly beds to the number of calendar days;
 - e) the ratio of the sum of all average monthly beds to the number of days of bed operation per quarter.
51. the Result of professional and economic activity in health care is measured by:
- a) medical, social, and economic effects;
 - b) revenue;
 - in expenses;
 - d) costs;
 - d) the level of wages.
52. Specify the indicators that characterize the effectiveness of the use of hospital beds
- a) bed turnover;
 - b) the bed capacity of the medical organization;
 - C) coincidence of clinical and pathoanatomic diagnoses;
 - d) provision of beds for the population;
 - e) the frequency of postoperative complications.
53. what is meant by the population's need for hospitalization?

- a) percentage of the population that requires hospitalization;
- b) the number of patients hospitalized during the year;
- C) the number of beds per specific population;
- d) the number of medical positions in the hospital for a certain population;
- e) provision of permanent population with beds.

54. the Amount of funds owed to a medical organization from all its debtors is:

- a) accounts receivable;
- b) insurance debt;
- C) accounts payable;
- d) tax arrears;
- e) there is no correct answer.

55. Profit after taxes and interest on the loan is:

- a) net profit;
- b) gross income;
- C) revenue;
- d) there is no correct answer ;

56. How is the average number of bed days per year determined?

- a) by dividing the number of bed days spent by all patients (departments, hospitals, groups of hospitals) by the corresponding number of average annual beds;
- b) by dividing the average number of days of bed operation per year-the calendar number of days per year by the turnover of the bed;
- C) by dividing the number of calendar days of the berths in the year - average number of days of bed work per year on the back of the bed;
- d) by dividing the number of bed-days actually spent by patients on the number of calendar days in the year;
- e) by dividing the number of bed days actually spent by patients by the number of patients who left.

57. financial resources for health care are:

- a) the totality of all types of funds;
- b) the aggregate of the profits;
- C) the total amount of funds received from the budget;
- d) the total amount of funds received and from the insurance company;
- e) the total amount of funds received from individuals.

58. Specify how the turnover of the therapeutic bed will change when the average length of the patient's stay in the bed decreases?

- a) bed turnover will increase;
- b) the turnover of the bed will decrease;
- C) the turnover of the bed will not change, since this indicator and the average stay of the patient in the bed are not related to each other;
- d) depending on the profile of patients, the turnover of the bed may remain unchanged;
- e) the turnover of the bed may vary in both directions.

59. What is not taken into account when calculating the payment for medical care by clinical and statistical groups or payment for medical care according to the tariff:

- a) the cost of used medicines;
- b) the base rate;
- C) coefficient of relative cost intensity;
- d) correction factors;
- e) the coefficient of complexity of treatment of patients

60. what does the relative cost ratio reflect:

- a) the ratio of the cost of a specific clinical and statistical group of diseases to the average amount of financial support for medical care per treated patient
- b) the level of change in the average salary;

- C) price differentiation of budget services for individual territories;
- d) differences in the amount of income depending on the level of medical care provided in inpatient settings;
- e) there is no correct answer

61. what makes it possible to take into account the coefficient of the level of medical care: a) differences in the amount of income depending on the level of medical care in hospital settings;
b) the level of financial support for medical care per treated patient;
C) differences in the amount of expenses for the maintenance of structural divisions;
d) all answers are correct
e) there is no correct answer

62. what allows you to adjust the management coefficient:
a) the rate of the clinical and statistical group for the purpose of managing the structure of hospitalization;
b) the amount of hospital maintenance expenses;
C) the amount of remuneration for management personnel;
d) all answers are correct;
e) there is no correct answer.

63. What features characterize the market:
a) all answers are correct;
b) estimated;
C) information;
d) mediation;
e) distribution.

64. the activity of a stationary institution can be characterized by the following features:
a) quantitative and qualitative;
b) only high-quality;
C) only quantitative;
d) discrete variables;
e) only average values.

65. What is not an advantage in attracting personnel from internal sources of recruitment?
a) limited opportunities for selection of personnel;
b) lack of new ideas in the applicant;
C) the emergence of opportunities for career growth;
d) increasing the commitment of this medical organization;
e) improving the socio-psychological climate in the organization.

66. What is not an advantage when attracting personnel from an external recruitment source?
a) the need for an adaptation period;
b) high degree of risk when passing the probation period;
C) reduces the risk of intrigue in the organization;
d) more choices;
e) the emergence of new impulses for the development of the medical organization.

67. in which of these areas is not an analysis of the financial situation?
a) analysis and control of production and economic activities;
b) analysis and evaluation of the composition and dynamics of the property;
C) analysis of the financial stability of the enterprise;
d) analysis of the balance sheet liquidity;
e) comprehensive analysis and rating of enterprises.

68. what determines the financial strategy of a healthcare institution?
a) long-term goal of financial and economic activity of the institution;
b) the state of the management system in the institution;
C) the essence of the control system in the institution;

- d) the purpose of financial and economic analysis of the institution;
- e) there is no correct answer.

69. What indicator is used to characterize the efficiency of working capital use?

- a) the speed of circulation of working capital;
- b) the term of circulation of production stocks;
- C) profitability;
- d) the coefficient of growth of expenditure;
- e) the duration of the production cycle.

70. who are the external users of financial information?

- a) investors;
- b) employees of the enterprise;
- C) head of the company;
- d) owners of the enterprise;
- e) financial managers.

71. Specify approaches to cost containment in a healthcare facility:

- a) direct short-term control;
- b) direct long-term actions aimed at limiting the number of practitioners;
- C) changes in the estimate;
- d) approval of the financial plan;
- e) changing the structure of the institution.

72. Specify that is not a major source of health financing?

- a) income of citizens;
- b) social insurance;
- C) General taxes;
- d) personal insurance;
- e) payment of recipients of medical services.

73. Specify the main characteristics on which the organizational mechanism of health restructuring is based

- a) reallocation of activities between organizations;
- b) identification of organizations that provide health services;
- C) internal management of organizations;
- d) performing control functions;
- e) structural changes.

74. Voluntary health insurance...

- a) aimed at obtaining guarantees of a higher level of medical care in excess of those established by the MHI program;
- b) can be carried out only by regional funds of MHI;
- C) may be carried out if you refuse to participate in the compulsory health insurance system
- d) there is no compulsory health insurance in the Russian Federation.

75. what are the rates for paying for medical care:

- a) all answers are correct;
- b) purchase of medicines, consumables, food, inventory;
- C) expenses for the payment of communication services, transport services, utilities, works and services for the maintenance of property; expenses determined by the territorial program of compulsory medical insurance in the event of establishing an additional amount of insurance coverage for insured events
- d) expenses determined by the territorial program of compulsory medical insurance in the event of establishing an additional amount of insurance coverage for insured events established by the basic program of compulsory medical insurance;
- e) salary expenses, accruals for labor remuneration,

76. Specify the main mechanism for allocating financial resources in the field of health

- a) integrated;
- b) contract;
- C) target;
- d) investment;
- e) resource.

77. the Product of the price of one service of a certain type on the number of services of the same type is:

- a) revenue;
- b) profitability;
- into profit;
- d) costs;
- e) economic damage.

78. the Cost of missed opportunities is:

- a) the difference between possible and actual costs;
- b) costs;
- in the cost;
- d) gross expenses;
- e) variable costs.

79. the Standard interest rate of income tax is:

- a) 20%;
- b) 13%;
- C) 24%;
- d) 28%;
- e) 26%.

80. relative indicators of economic performance include:

- a) profitability of the institution;
- b) gross profit;
- C) net profit;
- d) economic profit;
- e) revenue.

81. Income tax the percentage is calculated from:

- a) net profit;
- b) accounting profit;
- C) economic profit;
- d) total costs;
- e) revenue.

82. Compulsory health insurance guarantees:

- a) all citizens of the Russian Federation receive free medical care of a certain volume and level;
- b) receiving minimal medical care;
- C) free access to high-tech medical care for citizens;
- d) payment of benefits in case of temporary disability.

83. the Cost of paying the main staff, in accordance with the staffing table, in the structure of calculating the cost of medical services refers to:

- a) direct expenses;
- b) indirect expenses;
- C) not taken into account;
- d) marginal costs;
- e) irreversible costs

84. the cost of paying for the work of support staff, in accordance with the staffing table, in the structure of calculating the cost of medical services are:

- a) indirect expenses;

- b) direct expenses;
- C) not taken into account;
- d) marginal costs;
- e) irreversible costs.

85. Specify the system of remuneration used in healthcare:

- a) stimulating;
- b) tariff;
- C) evaluating;
- d) indifferent;
- e) mixed.

86. In the framework of the program of state guarantees of free rendering to citizens of medical aid (with the exception of medical care provided under clinical trials) include:

- a) all of the above is true;
- b) emergency medical care, including specialized ambulance;
- C) primary health care, including pre-medical, medical and specialized;
- d) palliative care in medical organizations;
- e) specialized medical care, high-tech medical care that is part of specialized medical care.

87. Control over the use of compulsory health insurance funds is carried out by:

- a) accounting chamber;
- b) Ministry of health;
in the treasury;
- g) the Public chamber;
- e) Regional Executive authorities.

88. The powers of the Russian Federation in the sphere of compulsory medical insurance do not include:

- a) organization of a system of additional non-state medical insurance, both at the expense of employers and at the expense of citizens themselves;
- b) establishing the circle of persons subject to compulsory health insurance;
- C) approval of the basic program of compulsory medical insurance and uniform requirements for territorial programs of compulsory medical insurance;
- d) organization of management of mandatory medical insurance funds;
- e) organization of compulsory medical insurance on the territory of the Russian Federation.

89. For hospitality expenses when calculating the income tax you can write off:

- a) actual expenses;
- b) planned expenses;
- C) a certain percentage of the salary Fund;
- C) all answers are correct;
- e) there is no correct answer.

90. The taxable base for calculation of the tax to incomes of physical persons is:

- a) all types of income of each individual employee;
- b) income from the basic earnings of each employee;
- C) the remuneration Fund for the entire staff of the medical organization;
- d) revenue of a healthcare institution;
- e) the difference between the income and expenses of a healthcare institution.

91. the Object of taxation for calculating income tax is:

- a) the difference between the income and expenditure of a health facility;
- b) the cost of medical services;
- C) revenue;
- d) expenses of a healthcare institution;
- e) income of a healthcare institution

92. Specify the main payment methods for inpatient care

- a) all answers are correct;
- b) payment for individual services;
- C) estimated funding;
- d) payment for the treated patient
- e) payment based on the bed-day spent

93. Property deduction is provided when calculating:

- a) personal income tax;
- b) value added tax;
- C) unified social tax;
- d) all answers are correct;
- e) there is no correct answer.

94. There are different directions of the analysis of the activities of the hospital and ambulance:

- a) differ;
- b) equivalent;
- C) similar;
- d) all answers are correct;
- e) there is no correct answer.

95. Economic analysis is based on:

- a) study of the relationship between performance indicators;
- b) determining the profitability of a healthcare institution;
- C) the study of the observed performance indicators;
- d) information collection and processing functions;
- e) decision-making functions.

96. Which indicator characterizes the economic result of the organization's activities:

- a) profit;
- b) cost price;
- C) price;
- d) direct costs;
- e) indirect costs.

97. financial analysis is based on the study of:

- a) use of all types of resources;
- b) budget financing;
- in entrepreneurial activity;
- e) there is no correct answer.
- C) all the answers are correct.

98. Regional Finance includes:

- a) financial assets of the region (consolidated budget);
- b) citizens ' funds;
- C) Federal budget funds;
- d) property assets;
- e) all of the above.

99. Budget funds provided to a budget of another level by the budget system of the Russian Federation, or to a legal entity on a gratuitous and irrevocable basis for the implementation of certain targeted expenditures are called:

- a) subvention;
- b) grants;
- C) subsidy;
- d) budget loan
- e) budget credit.

100. What is the structure of the budget classification:

- a) functional;
- b) investment;
- C) innovative;
- d) economic;
- e) systematic.

101. What is the definition of " insurance risk»:

- a) the object of MHI associated with the cost of providing medical care in the event of an insured event;
- b) an event in which the insured person is provided with insurance coverage under mandatory medical insurance;
- C) an event, the occurrence of which is not defined in time and space, independent of the will of the person, dangerous and creating an incentive for insurance as a result;
- d) an event considered as an insurance risk must have signs of probability and randomness of its occurrence;
- e) an expected event, upon the occurrence of which there is a need to pay for medical care provided to the insured person.

102. The program of state guarantees of free provision of medical care to citizens, approved by the Government of the Russian Federation, guarantees the amount of medical care to citizens:

- a) free of charge;
- b) paid;
- C) preferential;
- d) all answers are correct.

103. what expenses can be immediately, without additional calculations, attributed to certain types of medical services provided:

- a) direct;
- b) indirect;
- C) auxiliary;
- d) insurance;
- e) indirect.

104. What is the main source of funding for public health protection:

- a) budget funds at all levels;
- b) personal savings of citizens;
- C) income from securities;
- d) all answers are correct;
- e) there is no correct answer.

105. Specify the stages of the budget process:

- a) all answers are correct;
- b) drawing up a budget mural;
- C) preparation of draft budgets;
- d) review and approval of draft budgets;
- e) budget execution.

106. What is not included in the territorial program of state guarantees of free provision of medical care to citizens, approved in accordance with the procedure established by the legislation of the subject of the Russian Federation:

- a) determining the direction of development of medical insurance organizations in this territory;
- b) the list of insured events established by the basic program of compulsory medical insurance;
- C) determining, taking into account the structure of morbidity in the subject of the Russian Federation, the value of standards for the volume of medical care provided per insured person;
- d) determining the standards of financial costs per unit of medical care provision per insured person;
- e) types and conditions of medical care.

107. The main source of local budget revenues:

- a) tax revenues;
- b) subsidies of the Federal budget;
- c) FMS;
- d) all answers are correct;
- e) there is no correct answer.

108. External factors that affect the financial condition of a medical organization are:

- a) tariff level;
- b) personnel;
- c) structure of the medical organization;
- d) organization of the medical organization's activities;
- e) information support.

109. what indicator reflects the economic impact of health care:

- a) the level of influence on the development of the state's economy;
- b) demographic shifts;
- c) quality of medical care;
- d) there is no correct answer;
- e) all answers are correct.

110. Reform of the budget process involves:

- a) targeted use of result-oriented;
- b) preparation of a multi-year financial plan;
- c) financing of expenses;
- d) there is no correct answer;
- e) all answers are correct.

111. what structures are included in the state health system:

- a) management body and health care institutions;
- b) public organizations;
- c) social insurance funds;
- d) health insurance funds;
- e) educational institutions.

112. the Budget system for financing health care is:

- a) financing of medical organizations from the state budget through special intermediaries at the expense of taxpayers, individuals and legal entities;
- b) financing of medical organizations at the expense of personal funds of individuals and legal entities;
- c) the predominance of state budget funds in the financing of medical organizations;
- d) predominance in financing of medical organizations of individuals and legal entities
- e) funding through sponsorship .

113. the Private health financing system is:

- a) financing of medical organizations at the expense of personal funds of individuals and legal entities;
- b) financing of medical organizations from the state budget;
- c) financing of medical organizations through special intermediaries at the expense of taxpayers, individuals and legal entities;
- d) the predominance in the financing of medical organizations. funds of individuals and legal entities;
- e) predominance of financing of medical organizations through special intermediaries at the expense of taxpayers, individuals and legal entities.

114. the Budget and insurance model of health care financing provides for financing by:

- a) two sources-budgets at all levels and the MHI system;
- b) financing of medical organizations from the state budget;

- C) financing of medical organizations at the expense of personal funds of individuals and legal entities;
- d) financing of medical organizations through special intermediaries at the expense of taxpayers, individuals and legal entities;
- e) the predominance of financing of medical organizations through special intermediaries at the expense of taxpayers, individuals and legal entities.

115. The main principles of compulsory health insurance are:

- a) all of the above is true;
- b) stability of the financial system of compulsory health insurance, provided on the basis of equivalence of insurance coverage to the means of compulsory health insurance;
- C) the obligation for insurers to pay insurance premiums to the MHI in the amounts established by Federal laws;
- d) state guarantee of compliance with the rights of insured persons to fulfill their obligations under the MHI under the basic MHI program, regardless of the financial situation of the insurer;
- e) ensuring at the expense of the MHI guarantees of free provision of medical care to the insured person in the event of an insured event within the framework of the territorial MHI program and the basic MHI program.

116. What medical services can be provided by a municipal health care institution:

- a) listed in the Appendix to the current license of this institution, both for a fee and free of charge (for the patient);
- b) necessary for patients in accordance with the available personnel and equipment, both for a fee and free of charge (for the patient);
- C) free of charge only (for the patient);
- d) paid only;
- e) on a first-come, first-served basis.

117. the volume of drug provision should be:

- a) normalized;
- b) tariff rates;
- C) limited;
- g) the estimated;
- e) all answers are incorrect;

118. a Set of simple services that reflect the technological process of providing assistance determines which medical service:

- a) complex;
- b) simple;
- C) detailed information;
- C) all answers are correct;
- e) there is no correct answer.

119. To an Agency-wide staff health care institutions include:

- a) the driver;
- b) the doctor;
- C) nurse;
- d) head of Department;
- e) an orderly.

120. The costs of medical institutions are:

- a) material costs;
- b) depreciation charges;
- C) budget financing;
- d) tax payments;
- e) there is no correct answer.

121. Specify the most effective method for calculating the cost of distribution of indirect costs- proportionally:

- a) the volume of work performed;
- b) the salary of the main staff;
- c) base unit;
- d) the occupied areas;
- e) there is no correct answer.

122. The income growth generally leads to:

- a) increase in demand for medical services;
- b) increasing the supply of medical services;
- c) reducing the demand for medical services;
- d) reducing the supply of medical services.

123. Specify the main task of the program of state guarantees of free medical care to citizens (PGG):

- a) ensuring a balance between the state's obligations to provide guaranteed (free) medical care to the population and the resources allocated for this purpose;
- b) providing the population with guaranteed (free) medical care in the amount of resources allocated for this purpose from the voluntary health insurance funds;
- c) ensuring a balance between compulsory and voluntary health insurance funds;
- d) providing citizens with free medical care;
- e) development of the material and technical base of the healthcare system.

124. Material costs per unit cost of medical services are:

- a) material consumption;
- b) Fund intensity;
- c) return on funds;
- d) labor productivity;
- e) salary capacity.

125. What include the rates for payment of medical care:

- a) all of the above;
- b) salary expenses, accruals for labor remuneration;
- c) purchase of medicines, consumables, food, soft equipment, medical instruments, reagents and chemicals, other material stocks, expenses for payment of the cost of laboratory and instrumental research conducted in other institutions (in the absence of a medical organization laboratory and diagnostic equipment), catering (in the absence of organized nutrition in a medical organization);
- d) expenses for payment of communication services, transport services, utilities, works and services for the maintenance of property.

2. Calculation tasks:

1. Calculate the utilization rate of diagnostic equipment based on the following data:

- wear period-7 years;
- downtime factor-0.15;
- standard time per study-0.4 hours;
- the actual number of studies is 9,000;
- calendar annual Fund of equipment operation– 3 114 hours.

2. The number of employees at the enterprise 1000 persons. In 2019, the average cost of newly created products per employee averaged 12,000 rubles. Workers who lost 7300 calendar days per year due to temporary disability due to illness. The coefficient of translation of calendar days in the company's work is 0.75. Determine the total cost of products that were not produced during the days of illness.

3. the Number of employees in the organization is 700 people. The number of calendar days of disability due to diseases with VUT is 73500 calendar days. The share of the number of days of disability spent in the hospital in the total number of days of disability is 20%. Determine the total cost of treating patients with

VUT in the hospital, taking into account the fact that the average cost of one day of treatment in the hospital is 1000 rubles.

4. in a medical organization in the first Department, the time spent on providing one service was 2 man-hours, in the second -1.5 man-hours. The number of services provided during the week was 24 and 18, respectively. Determine the average time spent on providing a single service.

5. The number of employees in the institution is 800 people. In 2018, the economic losses associated with disability working was 2 475 000 rubles In 2019 (in connection with a reduction of incidence), the economic damage amounted to 2 140 500 RUB. The cost of treating sick workers in 2018-2019 amounted to 400 thousand rubles. Determine the amount of damage prevented (economic effect) and the cost-effectiveness of reducing the incidence of temporary disability.

6. Determine the cost of dental services at the stage of its development and profit. The share of costs for materials and semi-finished products in the cost of services is 40%. The cost of materials and services amounted to 50 thousand rubles. The planned profitability is 12%.

7. Calculate the price of a patient-day for the obstetric Department, based on the following data for the month:

- expenses– 100,000,0 rubles.
- duration of stay -10 days;
- number of patients-18 people;
- patient-day profitability -20%.

8. To calculate the point of profitability and the profitability of surgical operations under the condition that the implementation of the surgery requires the following costs:

- the cost of medicines and supplies– 600.0 thousand rubles.;
- wages personnel charges– 800,0 thousand roubles;
- the cost of the postoperative stay in hospital -120,0 thousand.
- indirect costs monthly 7000,0 thousand.
- number of working days of the month -21;
- number of operations per month– 15.

9. Calculate the cost of diagnostic services based on the following data for the month:

- revenue received -20,000,0 rubles.
- performed diagnostic services per day-14;
- received profit from diagnostic services -7 000,0 RUB.

10. based on the performance indicators of a medical organization, determine how the cost of each type of service has changed and the cost of a unit of service in the organization as a whole:

	Volume of services million rubles	Total costs million rubles
2016-2019	2016-2019	
Outpatient care	540 500	216 210
Inpatient care	18 000 16 000	14200 10000

11. in a situation where the demand for medical services is inelastic, what should an institution do when implementing a constant volume of services in the amount of 10 units to increase revenue from the sale of services from 2000 rubles to 8,000 rubles?

- 1) Reduce the profitability of each medical service by 5%.
 - 2) Increase the profitability of each medical service by 10 %.
 - 3) Increase the cost of each medical service by 1000 rubles.
 - 4) Reduce the cost of each medical service by 600 rubles.
 - 5) Reduce the profitability of each medical service by 10%.
- Substantiate.

12. Calculate the current and insurance stocks of required medicines in the clinic's treatment room based on the following data:

the frequency with which the funding 1 time per month;

- number of visits per month -11,306;
- number of working days per month-22;
- regulations on the single procedure:15 gr. of alcohol at the price of 250 rubles for 0.5 liters, gauze 0,15 sq. m. at the price of sq. m. 40 rubles.

The time between two deliveries of medicines is 3 days.

13. Calculate the price of paid services of the Department based on the following annual data:

- depreciation of the building– 161 600,0 RUB.
- equipment wear–11 900,0 RUB.;
- food–180 000,0 rubles.
- medicines–228 800,0 rubles.
- business trips–110 800,0 rubles.
- soft inventory– 98 000,0 RUB.
- the main salary Fund–3120 thousand rubles.
- number of beds in the Department– 30;
- the average occupancy rate of 80 %;
- profit from performing paid services amounted to 450,000,0 rubles.

14. according to the reporting data of the medical organization, the volume of services in 2019 amounted to 38.6 million rubles, which is 8% higher than in 2016. The number of employees in 2019 – 150 people, in 2016-175. Calculate the impact of changes in the level of labor productivity and the number of employees on changes in the total volume of services.

15. What price should a medical organization set for paid services to ensure profitability, based on the following data for the month:

- expenses for paid services – 130 000,0 rubles.
- number of services– 40;
- profitability– 22%.
- the price of the service is 1396.0 rubles.

16. Calculate the growth rate of labor productivity and the growth rate of average wages, determine the amount of savings (overspending) of the salary Fund due to changes in the relationship between the growth rate of labor productivity and its payment for the year.

Indicators Plan Report Deviations (+ ,–)

Volume of services (million rubles) 48000 50400

The average number of staff in a healthcare facility (people) is 400,430

Salary Fund (million rubles) 144,165

17. Calculate the current and insurance stock of medicines for a year for day hospital patients, based on the following data-standards of medicines per patient per quarter:

Name Norm Price(RUB)

Syringes, PCs 180 10

Bandages, patch 45 20

Aspirin, up 9 50

Veroshpiron, up 27 180

Number of hospital patients-32 people; delivery period-7 days; funding period-1 time per month; number of working days per month-21.

18. Calculate the amount of net profit from performing services, provided that the fixed assets Fund is 184 500.0 rubles. ; the cost of stocks of medicines and consumables-800 000 rubles.; received revenue from paid medical services – 428 000 rubles.; costs for performing services – 728 000 rubles.; paid income tax - 20%; established profitability of the institution -21.7%.

19. Calculate the profitability of medical services based on the following data: the Fund of fixed assets is 4,500,0 thousand rubles; the cost of stocks of medicines and consumables - 800,0 thousand rubles; received revenue from paid services 4 280,0 thousand rubles; received an advance of 25,0 thousand rubles; the cost of performing services - 2 842,4 thousand rubles; paid income tax 20 %, performed services - 120.

20. the Price of drug A increased by 30%, the price of its counterpart - drug B-decreased by 19%, and the income of consumers of this drug increased by 15%. The price elasticity of demand is 1.2; the cross-elasticity is 0.8, and the income elasticity of demand is 0.7. Find: how many percent will the demand for medicine a change?

21. the Dental company conducts a targeted campaign, setting different prices for its services for ordinary patients and for pensioners over 70 years of age. So, the installation of a simple type a seal for pensioners costs 1600 rubles, and all other patients it costs 2000 rubles. The maximum (additional) cost of installing a seal is equal for all patients. The price elasticity of demand for ordinary patients is 1.25. Find: the price elasticity of demand for the installation of a simple type a seal for pensioners over 70 years of age.

22. in a medical organization, the share of costs for materials and semi-finished products in the cost of services is 35%. The cost of materials and semi-finished products for the developed service is 360,000 rubles. The planned return on production is 10%. Determine the cost of medical services at the stage of its development and the projected price.

23. Calculate the amount of money required by the clinic, taking into account the following data: the cost of the clinic per resident amounted to 2120 rubles, the number of people served - 8,000, social insurance funds for temporary disability per employee-2500 rubles, the number of employees served by the clinic -1120 people.

24. the amount of actual financial costs for 1 visit to the clinic was 1,300 rubles, the standard of financial costs for 1 visit to the clinic was 1,160 rubles. Calculate the implementation of the standard of financial costs for outpatient care for the analysis of the territorial program of state guarantees for providing citizens with free medical care.

25. To assess the identified defects in the provision of population with free medical care, if the number of detected defects was 11 984 cases, the total number of examinations (departmental + non-departmental) - 101 556.

26. Health organization, the total number of patients that received assistance totaled 47 041. The survey found that the number of patients satisfied with medical care is 20130. Calculate the coefficient of social efficiency of regional health care.

27. Calculate the prevented economic damage resulting from a comprehensive program of preventive measures to reduce the incidence of temporary disability, if the number of days of disability due to illness in the current year was 700, in the previous year-1100, the cost of one day of disability was 580 rubles.

The figures of Last year, the Accounting year Changes

Revenue, million rubles 12500 13900

Average annual cost of fixed assets, million rubles 9600 9250

28. the health care Institution has signed a contract with the company for the provision of paid medical services for preventive examinations (therapist, neurologist, gynecologist). The planned calculation determines the cost of one inspection in the amount of 3 thousand rubles. The survey is subject to 100 employees, the amount of profit is 25 %, the VAT rate is 20 %. Determine the amount of income of a healthcare institution.

29. Determine the number of services provided in a medical organization, if it is known that the time spent on providing one service in Department A was 1.5 man-hours, in Department B-0.5 man-hours, in Department C-2 man-hours. The total time spent by departments was 7.5, 6 and 8 man-hours, respectively.

30. Determine the cost of medical services at the stage of its development and the projected price. The share of material costs in the cost of services is 40%. The cost of materials for the developed service is 4,600 rubles. The planned profitability of the service is 12%.

3. Security questions

1. Analysis of financial and economic activities of medical organizations.
2. Principles of organization of compulsory and voluntary medical insurance in the Russian Federation.
3. types and methods of planning used in healthcare.
4. define the concept of "compulsory health insurance".
5. define the concept of "Finance", "financial system", "financing".
6. The movement and distribution of funds.
7. Advantages and disadvantages of various payment methods for outpatient care.
8. Expenses of a medical organization directly related to the provision of medical care (medical services) included in the calculation of tariffs.
9. History of development and formation of health insurance systems in Russia and in the world.
10. Sources of funding for healthcare institutions.
11. What bodies and in what forms exercise financial control in healthcare?
12. in What ways is it recommended to distribute the costs necessary for the operation of a medical organization as a whole, for certain types of medical care (medical services)?
13. what is the purpose of health insurance?
14. Clinical and statistical groups (CSG) as a method of payment for inpatient and inpatient replacement care.
15. Methodology for calculating the tariff for medical care for MHI and its structure.
16. Methods of payment for hospital care.
17. Reforming the health insurance system: opportunities and problems of implementation.
18. Ways and forms of financial interaction between healthcare entities.
19. Taxes and taxation.
20. Standards of financial costs in the MHI and per capita standards of financing of the territorial program of state guarantees of free rendering to citizens of medical aid, approved in the order established by the legislation of the Russian Federation.
21. Social and economic significance of health insurance.
22. the system of budget financing of healthcare in the Russian Federation.
23. Remuneration of medical workers.
24. the Main approaches to paying for medical care for clinical and statistical groups (CSG) and clinical profile groups (CPG) of diseases.
25. Basic principles and objectives of health planning.
26. the Main indicators that characterize the financial results of the medical organization.
27. Planning of outpatient and inpatient medical care.
28. Planning in healthcare: purpose, objectives, basic principles and elements. Basics of forming a plan for a medical organization.
29. The concept of "global budget" in health care.
30. Principles of health insurance.
31. Ways and forms of financial interaction between healthcare entities.
32. Expand the content of the concept of "demand", "supply".
33. Recommendations of the Ministry of health of the Russian Federation on ways to pay for medical care under the state guarantee program based on groups of diseases, including clinical and static groups of diseases (CSG).
34. Recommendations for the formation of methods of payment for medical care within the framework of PGG based on groups of diseases, including CSG.
35. the system of compulsory medical insurance in the Russian Federation.
36. Method of payment for medical care in inpatient settings for a completed case of treatment of a disease included in the corresponding group of diseases, including CSG, provided for by the program of state guarantees (PGG) of free medical care to citizens.
37. Insurance risk and principles of its definition.

38. the structure of the tariff for medical care.
39. Financing of the healthcare system: its source, methods of payment for medical services when they are implemented.
40. Financial support of the Program of state guarantees of free medical care, methods of payment for medical services during its implementation.
41. Financial planning in the industry.
42. Financial and innovative management in healthcare.
43. Financial control.
44. Characteristics of methods for determining costs used in setting tariffs.
45. Characteristics of methods of implementation distribution of costs necessary for the operation of a medical organization as a whole, by individual types of medical care (medical services).
46. What are the financial resources of health care?
47. what is "financial control"?
48. Economic aspects of population health indicators: morbidity with temporary disability, disability, mortality in working age.
49. Economic resources of health care.
50. The business plan of the project. Structure of the business plan.