AHM-510^{Q&As}

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Governance and Regulation

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QUESTION 1

The Department of Health and Human Services (HHS) has delegated its responsibility for development and oversight of regulations under the Health Insurance Portability and Accountability Act (HIPAA) to an office within the Centers for Medicaid and Medicare Services (CMS). The CMS office that is responsible for enforcing the federal requirements of HIPAA is the

A. Center for Health Plans and Providers (CHPPs)

B. Center for Medicaid and State Operations

C. Center for Beneficiary Services

D. Center for Managed Care

Correct Answer: B

QUESTION 2

In the paragraph below, a statement contains two pairs of terms enclosed in parentheses. Determine which term in each pair correctly completes the statement. Then select the answer choice containing the two terms that you have chosen.

One type of acquisition is called a stock purchase. In a typical stock purchase, a company acquires (51% / 100%) of the voting shares of another company\\'s stock, thereby making the acquired company a subsidiary. The (acquired / acquiring) company holds all of the assets and liabilities of the acquired company.

A. 51% / acquired

B. 51% / acquiring

C. 100% / acquired

D. 100% / acquiring

Correct Answer: C

QUESTION 3

While traditional workers\\' compensation laws have restricted the use of managed care techniques, many states now allow managed workers\\' compensation. One common characteristic of managed workers\\' compensation plans is that they

A. Discourage injured employees from returning to work until they are able to assume all the duties of their jobs

B. Use low copayments to encourage employees to choose preferred providers

C. Cover an employee\\'s medical costs, but they do not provide coverage for lost wages

D. Rely on total disability management to control indemnity benefits

Correct Answer: D

QUESTION 4

One typical difference between a for-profit health plan\'s board of directors and a not-for- profit health plan\'s board of directors is that the directors in a for-profit health plan

A. Can serve on the board for a period of no more than ten years, whereas the terms of service for a not-for-profit board\'s directors are usually unlimited by the director\'s age or by a preset maximum number of years of service

B. Must participate in raising capital for the health plan, whereas a not-for-profit board\'s directors are prohibited from participating directly in raising capital for the health plan

C. Are directly accountable to shareholders, whereas a not-for-profit board\'s directors are accountable to plan members and the community

D. Are not compensated for board participation, whereas a not-for-profit board\'s directors are compensated for board participation

Correct Answer: C

QUESTION 5

The Hanford Health Plan has delegated the credentialing of its providers to the Sienna Group, a credential verification organization (CVO). If the contract between Hanford and Sienna complies with all of the National Committee for Quality Assurance (NCQA) guidelines for delegation of credentialing, then this contract

A. Transfers to Sienna all rights to terminate or suspend individual practitioners or providers in Hanford\'s provider network

B. Describes the process by which Hanford evaluates Sienna\'s performance in credentialing providers

C. Both A and B

D. A only

E. B only

F. Neither A nor B

Correct Answer: C

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