AHM-510 Q&As

Governance and Regulation

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QUESTION 1

Arthur Dace, a plan member of the Bloom health plan, tried repeatedly over an extended period to schedule an appointment with Dr. Pyle, his primary care physician (PCP). Mr. Dace informally surveyed other Bloom plan members and found that many people were experiencing similar problems getting an appointment with this particular provider. Mr. Dace threatened to take legal action against Bloom, alleging that the health plan had deliberately allowed a large number of patients to select Dr. Pyle as their PCP, thus making it difficult for patients to make appointments with Dr. Pyle.

Bloom recommended, and Mr. Dace agreed to use, an alternative dispute resolution (ADR) method that is quicker and less expensive than litigation. Under this ADR method, both Bloom and Mr. Dace presented their evidence to a panel of medical and legal experts, who issued a decision that Bloom\\'s utilization management practices in this case did not constitute a form of abuse. The panel\\'s decision is legally binding on both parties.

Different types of compensation arrangements in managed care plans, from fee-for-service (FFS) arrangements to capitation arrangements, lead to different types of fraud and abuse. From the answer choices below, select the response that identifies the form of abuse in which Bloom is allegedly engaging, according to Mr. Dace\\'s complaint, and whether this form of abuse is more likely to occur in FFS compensation arrangements or in capitation arrangements.

A. Type of abuse underutilization Type of compensation arrangement FFS arrangement

B. Type of abuse underutilization Type of compensation arrangement capitation arrangement

C. Type of abuse overutilization Type of compensation arrangement FFS arrangement

D. Type of abuse overutilization Type of compensation arrangement capitation arrangement

Correct Answer: B

QUESTION 2

The following situations illustrate per se violations of federal antitrust laws:

Situation A - Two groups of providers agreed among themselves that each provider will do business with health plans only on a fee-for-service basis.

Situation B - In order to avoid competing with each other, two independent, competing physician-hospital organizations (PHOs) divide the geographic areas in which they will market their services.

From the following answer choices, select the response that correctly identifies the types of per se violations illustrated by these situations.

A. Situation A: price fixing; Situation B: horizontal division of markets

B. Situation A: price fixing; Situation B: tying arrangement

C. Situation A: horizontal group boycott; Situation B: horizontal division of markets

D. Situation A: horizontal group boycott; Situation B: tying arrangement

Correct Answer: A

QUESTION 3

The Surrey Medical Supply Company was formed as a limited partnership. In this partnership, Victoria Lewin is one of the limited partners and Oscar Gould is a general partner. This information indicates that, with respect to the typical characteristics of limited partnerships,

A. Ms. Lewin has more freedom to opt out of the partnership than does Mr. Gould

B. Ms. Lewin has more liability for the debts of Surrey than does Mr. Gould

C. both Ms. Lewin and Mr. Gould participate in the day-to-day management of Surrey

D. the partnership will continue upon the death of Mr. Gould, whereas it will end with the death of Ms. Lewin

Correct Answer: A

QUESTION 4

The Balanced Budget Act (BBA) of 1997 created the Medicare+Choice plan. One provision of the BBA under Medicare+Choice is that the BBA A. Requires health plans to qualify as either a competitive medical plan (CMP) or a federally qualified HMO in order to participate in the Medicare program

B. Eliminates funding for demonstration projects such as the Medicare Enrollment Demonstration Project

C. Narrows the geographic variations in payments to Medicare health plans by lowering the growth rate of payments in high-payment counties and raising the rates in low-payment counties

D. Increases Graduate Medical Education (GME) payments to hospitals for the training and cost of educating and training residents

Correct Answer: C

QUESTION 5

Indigo Health Plan advertised a specific individual health insurance policy through a direct mail advertisement that provided detailed information about the product. In order to comply with theNAIC Model Rules Governing Advertisements of Accident and Sickness Insurance, Indigo must disclose whether the advertised policy contains any exceptions, reductions, or limitations. Thus, Indigo disclosed in the advertisement that one policy provision limits coverage for dental exams to $50 per exam and to one exam per calendar year. This information indicates that, with respect to the definitions in the NAIC Model Rules, Indigo\\'s advertisement is an example of an

A. Invitation to contract, and it discloses a policy provision known as an exception

B. Invitation to contract, and it discloses a policy provision known as a reduction

C. Invitation to inquire, and it discloses a policy provision known as an exception

D. Invitation to inquire, and it discloses a policy provision known as a reduction

Correct Answer: B

QUESTION 6

TRICARE, a military healthcare program, offers eligible beneficiaries three options for healthcare services: TRICARE Prime, TRICARE Extra, and TRICARE Standard. With respect to plan features, both an annual deductible and claims filing requirements must be met, regardless of whether care is delivered by network providers, under

A. TRICARE Prime and TRICARE Extra only

B. TRICARE Extra and TRICARE Standard only

C. TRICARE Standard only

D. None of these healthcare options

Correct Answer: C

QUESTION 7

One example of health plan\\'s influence on the practice of medicine is that, during the past decade, the focus of healthcare has moved toward _____, which is designed to reduce the overall need for healthcare services by providing patients with decision-making information.

A. Demand management

B. Managed competition

C. Comprehensive coverage

D. Private inurement

Correct Answer: A

QUESTION 8

State X issued a nonresident license to Tamara Pensky, a sales representative of the Verity Health Plan. In doing so, State X imposed a countersignature requirement, which requires that

A. An officer of Verity sign a written statement which indicates that Verity appoints Ms. Pensky as an agent who is authorized to market Verity\\'s products

B. An officer of Verity sign a written statement which certifies that Verity has investigated Ms. Pensky\\'s qualifications and background and believes she is trustworthy and competent

C. Applications solicited by Ms. Pensky must be signed by an individual who holds a resident License

D. Applications solicited by Ms. Pensky must be signed by an officer of Verity

Correct Answer: C

QUESTION 9

The following statements appear in the Twilight Health Plan\\'s strategic plan:

Increase the percentage of preventive health interventions for total eligible membership during each of the next three calendar years for the following services: mammography, Pap smears, immunizations, and first trimester visits for prenatal mothers

Improve customer satisfaction on an annual basis for each of the next three calendar years, as measured by satisfaction surveys for members, providers, and employer groups

Increase by 30% the number of claims processed by the automated claim payment system and reduce by 10% the cost of paying claims during the next three years

These statements are examples of Twilight\\'s

A. Corporate objectives

B. Company mission

C. Company vision

D. Corporate strategies

Correct Answer: A

QUESTION 10

States may impose nominal deductibles, coinsurance, or copayments on some Medicaid recipients for certain services. Services for which states can require copayments from Medicaid recipients include:

A. Emergency services

B. Family planning services

C. Both A and B

D. A only

E. B only

F. Neither A nor B

Correct Answer: D

QUESTION 11

In examining accountability in the current managed care environment, one is likely to find that combinations of various models of accountability are in operation. Under one model of accountability, the primary mechanisms for accountability are the mechanisms of the marketplace-failure to meet standards will result in a loss of demand for services. By definition, this model of accountability is called the

A. Professional model of accountability

B. Political model of accountability

C. Due diligence model of accountability

D. Economic model of accountability

Correct Answer: D

QUESTION 12

The Westchester Health Plan is using a pricing strategy that involves setting a low price in a highly price-sensitive market to stimulate revenue growth. In following this strategy, Westchester is sacrificing short-term profits for fast growth in selected markets. This information indicates that Westchester is following the pricing strategy known as

A. Market skimming

B. Buying market share

C. Price skimming

D. Unitary pricing

Correct Answer: B

QUESTION 13

The Sawgrass Health Center is an institution that trains healthcare professionals and performs various clinical and other types of healthcare-related research. Because Sawgrass receives government funding, it is required to provide medical care for the poor. Of the following types of health plans, Sawgrass can best be described as:

A. A medical foundation

B. An academic medical center (AMC)

C. A healthcare cooperative

D. A community health center (CHC)

Correct Answer: B

QUESTION 14

Certificate of need (CON) laws apply to health plans in a variety of ways, depending upon the state. By definition, CON laws are laws that are designed to

A. Regulate the construction, renovation, and acquisition of healthcare facilities as well as the purchase of major medical equipment in a geographical area

B. Protect commerce from unlawful restraint of trade, price discrimination, price fixing, reduced competition, and monopolies

C. Determine benefit payments when a person is covered by more than one plan, such as two group health plans

D. License and regulate health plans that wish to establish and operate an HMO

Correct Answer: A

QUESTION 15

Determine whether the following statement is true or false:

Although most-favored-nation (MFN) clauses in contracts between health plans and healthcare providers are not per se illegal, they should be reviewed under the rule of reason analysis for antitrust purposes.

A. True, because the Federal Trade Commission (FTC) ruled that MFN clauses are not per se illegal and the FTC encourages health plans to include them in provider contracts.

B. True, because although MFN clauses are not per se illegal, they violate antitrust laws if they have a predatory purpose and an anticompetitive effect.

C. False, because MFN clauses involve decisions by providers concerning the level of fees to charge, and thus they are per se illegal.

D. False, because MFN clauses are not per se illegal, and thus they are exempt from antitrust laws and regulation by the FTC.

Correct Answer: B