AHIP

Exam Questions AHM-510

Governance and Regulation

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NEW QUESTION 1
The Tidewater Life and Health Insurance Company is owned by its policy owners, who are entitled to certain rights as owners of the company, and it issues both participating and nonparticipating insurance policies. Tidewater is considering converting to the type of company that is owned by individuals who purchase shares of the company's stock. Tidewater is incorporated under the laws of Illinois, but it conducts business in the Canadian provinces of Ontario and Manitoba.
With regard to the state in which Tidewater is domiciled, it is correct to say that, from the perspective of both Ontario and Manitoba, Tidewater is considered to be the type of corporation known as:

A. A foreign corporation
B. An alien corporation
C. A sister corporation
D. A domestic corporation

Answer: B

NEW QUESTION 2
The Tidewater Life and Health Insurance Company is owned by its policy owners, who are entitled to certain rights as owners of the company, and it issues both participating and nonparticipating insurance policies. Tidewater is considering converting to the type of company that is owned by individuals who purchase shares of the company's stock. Tidewater is incorporated under the laws of Illinois, but it conducts business in the Canadian provinces of Ontario and Manitoba.
Tidewater established the Diversified Corporation, which then acquired various subsidiary firms that produce unrelated products and services. Tidewater remains an independent corporation and continues to own Diversified and the subsidiaries. In order to create and maintain a common vision and goals among the subsidiaries, the management of Diversified makes decisions about strategic planning and budgeting for each of the businesses.
In order to become the type of company that is owned by people who purchase shares of the company's stock, Tidewater must undergo a process known as

A. management buy-out
B. piercing the corporate veil
C. demutualization
D. mutualization

Answer: C

NEW QUESTION 3
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

Answer: C

NEW QUESTION 4
Any willing provider laws have their share of proponents and opponents. Arguments commonly made in opposition to any willing provider laws include

A. That such laws reduce the number of providers in a health plan's network
B. That such laws limit consumer choice to coverage options that are more costly than networkbased plans
C. That such laws encourage providers to offer discounts in exchange for patient volume
D. All of the above

Answer: B

NEW QUESTION 5
Nightingale Health Systems, a health plan, operates in a state that requires health plans to allow enrollees to visit obstetricians and gynecologists without a referral from a primary care provider. This information indicates that Nightingale must comply with a type of mandate known as a:

A. Direct access law
B. Scope-of-practice law
C. Provider contracting mandate
D. Physician incentive law

Answer: A

NEW QUESTION 6
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

Answer: A

NEW QUESTION 7

The Nonprofit Institutions Act allows the Neighbor Hospital, a not-for-profit hospital, to purchase at a discount drugs for its 'own use'. Consider whether the following sales of drugs were not for Neighbor's own use and therefore were subject to antitrust enforcement:
Elijah Jamison, a former patient of Neighbor, renewed a prescription that was originally dispensed when he was discharged from Neighbor.
Neighbor filled a prescription for Camille Raynaud, who has no connection to Neighbor other than that her prescribing physician is located in a nearby physician's office building.
Neighbor filled a prescription for Nigel Dixon, who is a friend of a Neighbor medical staff member. With respect to the United States Supreme Court's definition of 'own use,' the drug sales that were not for Neighbor's own use were the sales that Neighbor made to

A. M
B. Jamison, M
C. Raynaud, and M
D. Dixon
E. M
F. Jamison and M
G. Raynaud only
H. M
I. Dixon only
J. None of these individuals

Answer: A

NEW QUESTION 8
Greenpath Health Services, Inc., an HMO, recently terminated some providers from its network in
response to the changing enrollment and geographic needs of the plan. A provision in Greenpath's contracts with its healthcare providers states that Greenpath can terminate the contract at any
time, without providing any reason for the termination, by giving the other party a specified period of notice.
The state in which Greenpath operates has an HMO statute that is patterned on the NAIC HMO Model Act, which requires Greenpath to notify enrollees of any material change in its provider network. As required by the HMO Model Act, the state insurance department is conducting an examination of Greenpath's operations. The scope of the on-site examination covers all aspects of Greenpath's market conduct operations, including its compliance with regulatory requirements. From the following answer choices, select the response that identifies the type of market conduct examination that is being performed on Greenpath and the frequency with which the HMO Model Act requires state insurance departments to conduct an examination of an HMO's operations.

A. Type of examination: comprehensive; Required frequency: annually
B. Type of examination: comprehensive; Required frequency: at least every three years
C. Type of examination: target; Required frequency: annually
D. Type of examination: target; Required frequency: at least every three years

Answer: B

NEW QUESTION 9
Congress enacted three clauses relating to the preemptive effect of the Employee Retirement Income Security Act of 1974 (ERISA). One of these clauses preserves from ERISA preemption any state law that regulates insurance, banking, or securities, with the exception of the exemption for self-funded employee benefit plans. This clause is called the

A. Savings clause
B. Preemption clause
C. Deemer clause
D. De novo clause

Answer: A

Explanation:
The savings clause preserves from preemption any state law that regulates insurance, banking or securities except as provided by the deemer clause.

NEW QUESTION 10
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.
In the case of Pacificare of Oklahoma, Inc. v. Burrage, the U.S. Court of Appeals for the Tenth Circuit considered whether ERISA preempts medical malpractice claims against health plans based on certain liability theories. In this case, the Tenth Circuit court held that ERISA (should / should not) preempt a liability claim against an HMO for the malpractice of one of its primary care physicians, and therefore the HMO was subject to a claim of (subordinated / vicarious) liability.

A. Should / subordinated
B. Should / vicarious
C. Should not / subordinated
D. Should not / vicarious

Answer: D

NEW QUESTION 10
From the following answer choices, choose the term that best corresponds to this description. Barrington Health Services, Inc. contracts with a state Medicaid agency as a fiscal intermediary. Barrington does not provide medical services, but contracts with medical providers on behalf of the state Medicaid agency.

A. Health insuring organization (HIO)
B. Independent practice association (IPA)
C. Physician practice management (PPM) company
D. Peer review organization (PRO)

Answer: A

NEW QUESTION 14
There are several approaches to the interagency division of responsibility for managed care entity (MCE) oversight. In State M, the state Medicaid agency, the state department of health, and the state insurance department are all responsible for ensuring that quality improvement programs are in place among the same group of MCEs and that these programs meet each agency's rules and regulations for such programs. This information indicates that State M uses the approach known as the

A. Parallel model
B. Shared model
C. Concurrent model
D. PACE model

Answer: C

NEW QUESTION 15
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

Answer: C

NEW QUESTION 19
The government uses various tools within the realm of two broad categories of public policyallocative policies and regulatory policies. In the context of public policy, laws that fall into the
category of allocative policy include

A. The Balanced Budget Act (BBA) of 1997
B. The Health Insurance Portability and Accountability Act (HIPAA) of 1996
C. Laws affecting health plan quality oversight
D. Laws specifying procedures for health plan handling of consumer appeals and grievances

Answer: A

NEW QUESTION 20
Health plans should monitor changes in the environment and emerging trends, because changes
in society will affect the managed care industry. One true statement regarding recent changes in the environment in which health plans operate is that

A. Women as a group receive more healthcare and interact more often with health plans than do men over the course of a lifetime
B. The focus of healthcare during the past decade has shifted away from outpatient care to inpatient hospital treatment
C. The uninsured population in the United States has been decreasing in recent years
D. The decline in overall inflation in the 1990s failed to slow the growth in healthcare inflation

Answer: A

NEW QUESTION 22
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