



# AHM-510<sup>Q&As</sup>

Governance and Regulation

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**QUESTION 1**

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 providernetwork. 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

Correct Answer: B

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**QUESTION 2**

The following statements are about market conduct examinations of health plans. Select the answer choice that contains the correct statement.

- A. Multistate examinations are not appropriate for financial examinations, because regulatory requirements concerning a health plan's financial condition tend to vary from state to state.
- B. Market conduct examinations of a health plan's advertising and sales materials include comparing the advertising materials to the policies they advertise.
- C. Once an examination report is provided to the state insurance department, a health plan is not given an opportunity to present a formal objection to the report.
- D. In imposing sanctions on health plans, state insurance departments are required to follow federal sentencing guidelines.

Correct Answer: B

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**QUESTION 3**

One provision of the Mental Health Parity Act of 1996 (MHPA) is that the MHPA prohibits group health plans from

- A. Setting a cap for a group member's lifetime medical health benefits that is higher than the cap for the member's



lifetime mental health benefits

- B. Imposing limits on the number of days or visits for mental health treatment
- C. Charging deductibles for mental health benefits that are higher than the deductibles for medical benefits
- D. Imposing annual limits on the number of outpatient visits and inpatient hospital stays for mental health services

Correct Answer: A

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#### QUESTION 4

The following statements are about various provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Three of the statements are true and one statement is false. Select the answer choice that contains the FALSE statement.

- A. HIPAA permits group health plans that offer coverage through an HMO to impose affiliation periods during which no benefits or services are provided to a plan member.
- B. HIPAA created a new category of federal healthcare crimes, called federal healthcare offenses that apply to private healthcare plans as well as to federally funded healthcare programs.
- C. One effect of Section 231(h) of HIPAA, which amended the Social Security Act, has been to permit health plans with Medicare contracts to provide enrollees with value-added services such as discounted memberships to health clubs.
- D. HIPAA provides that any fines and penalties recovered through regulatory proceedings to enforce the federal fraud and abuse statutes will be turned over to enforcement agencies to conduct additional investigations.

Correct Answer: C

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#### QUESTION 5

Antitrust laws can affect the formation, merger activities, or acquisition initiatives of a health plan. In the United States, the two federal agencies that have the primary responsibility for enforcing antitrust laws are the

- A. Internal Revenue Service (IRS) and the Department of Justice (DOJ)
- B. Office of Inspector General (OIG) and the Department of Defense (DOD)
- C. Federal Trade Commission (FTC) and the Department of Labor (DOL)
- D. Federal Trade Commission (FTC) and the Department of Justice (DOJ)

Correct Answer: D

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