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Question 1. (Single Select)

Decide whether the following statement is true or false:
The organizational structure of a health plan's network management function often depends on the size and geographic scope of the health plan. With respect to the size of a health plan, it is correct to say that smaller health plans typically have less integration and more specialization of roles than do larger health plans.

A: False
B: True

Correct Answer: B

Question 2. (Single Select)

The Avignon Company discontinued its contract with a traditional indemnity insurer and contracted exclusively with the Minaret Health Plan to provide the sole healthcare plan to Avignon's employees. By agreeing to an exclusive contract with Minaret, Avignon has entered into a type of healthcare contract known as

A: open access
B: total replacement coverage
C: selective contract coverage
D: a carrier guarantee arrangement

Correct Answer: C

Question 3. (Single Select)

Federal laws—including the Ethics in Patient Referrals Act, the Health Maintenance Organization (HMO) Act of 1973, the Employee Retirement Income Security Act (ERISA), and the Federal Trade Commission Act—have impacted the ways that health plans conduct business. For instance, the Mosaic Health Plan must comply with the following federal laws in

order to operate:
Regulation 1: Mosaic must establish a mandated grievance resolution mechanism, including a method for members to address grievances with network providers.
Regulation 2: Mosaic must not allow its providers to refer Medicare and Medicaid patients to entities in which they have a financial or ownership interest.
From the answer choices below, select the response that correctly identifies the federal legislation on which Regulation 1 and Regulation 2 are based.

A: Regulation 1 - ERISA Regulation 2 - The Federal Trade Commission Act
B: Regulation 1 - The Federal Trade Commission Act Regulation 2 - ERISA
C: Regulation 1 - The Ethics in Patient Referrals Act Regulation 2 - The HMO Act of 1973
D: Regulation 1 - The HMO Act of 1973 Regulation 2 - The Ethics in Patient Referrals Act

Correct Answer: B

Question 4. (Single Select)

In 1996, Congress passed the Health Insurance Portability and Accountability Act (HIPAA), which increased the continuity and portability of health insurance coverage. One statement that can correctly be made about HIPAA is that it

A: Applies to group health insurance plans only
B: Limits the length of a health plan's pre-existing condition exclusion period for a previously covered individual to a maximum of six months after enrollment.
C: Guarantees access to healthcare coverage for small businesses and previously covered individuals who meet specified eligibility requirements.
D: Guarantees renewability of group and individual health coverage, provided the insureds are still in good health

Correct Answer: C

Question 5. (Single Select)

After HIPAA was enacted, Congress amended the law to include the Mental Health Parity Act (MHPA) of 1996, a federal requirement relating to mental health benefits. One true statement about the MHPA is that it

A: requires health plans to carve out mental/behavioral healthcare from other services provided by the plans
B: requires all health plans to provide coverage for mental health services
C: allows health plans to require patients receiving mental health services to pay higher copayments than patients seeking treatment for physical illnesses
D: prohibits health plans that offer mental health benefits from applying more restrictive limits on coverage for mental illness than on coverage for physical illness

Correct Answer: D

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