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## Question 1

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**Question Type:** MultipleChoice

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The Opal Health Plan complies with all of the provisions of the Newborns' and Mothers' Health Protection Act of 1996 (NMHPA). Samantha Hill and Debra Chao are Opal enrollees. Ms. Hill was hospitalized for a cesarean birth, and Ms. Chao was hospitalized for a normal delivery. From the following answer choices, select the response that indicates the minimum hospital stay for which Opal, under NMHPA, must provide benefits for Ms. Hill and Ms. Chao.

### Options:

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- A- Ms. Hill: 72 hours; Ms. Chao: 24 hours
- B- Ms. Hill: 72 hours; Ms. Chao: 48 hours
- C- Ms. Hill: 96 hours; Ms. Chao: 24 hours
- D- Ms. Hill: 96 hours; Ms. Chao: 48 hours

### Answer:

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D

## Question 2

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**Question Type: MultipleChoice**

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

**Options:**

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- 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

**Answer:**

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A

## Question 3

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**Question Type: MultipleChoice**

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A federal law that significantly affects health plans is the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In order to comply with HIPAA provisions, issuers offering group health coverage generally must.

**Options:**

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- A-** Renew group health policies in both small and large group markets, regardless of the health status of any group member
- B-** Provide a plan member with a certificate of creditable coverage at the time the member enrolls in the group plan
- C-** Both A and B
- D-** A only
- E-** B only
- F-** Neither A nor B

**Answer:**

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B

## Question 4

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**Question Type:** MultipleChoice

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Health maintenance organizations (HMOs) seeking federal qualification under the HMO Act of 1973 and its amendments must meet requirements in four basic operational areas. One operational requirement for qualification is that an HMO must

**Options:**

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- A-** Ensure that at least 1/3 of its policy-making body is comprised of HMO members
- B-** Ensure that there is adequate representation of underserved communities on its policy-making body
- C-** Have an ongoing quality assurance program that meets the requirements of the Centers for Medicaid & Medicare Services (CMS), stresses health outcomes, and provides for review by health professionals
- D-** Test, safeguard, and promote quality of care by following detailed programmatic techniques that are explained in CMS's Federally Qualified HMO (FQHMO) Manual

**Answer:**

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C

## Question 5

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**Question Type:** MultipleChoice

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SoundCare Health Services, a health plan, recently conducted a situation analysis. One step in this analysis required SoundCare to examine its current activities, its strengths and weaknesses, and its ability to respond to potential threats and opportunities in the environment. This activity provided SoundCare with a realistic appraisal of its capabilities. One weakness that SoundCare identified during this process was that it lacked an effective program for preventing and detecting violations of law. SoundCare decided to remedy this weakness by using the 1991 Federal Sentencing Guidelines for Organizations as a model for its compliance program.

By definition, the activity that SoundCare conducted when it examined its strengths, weaknesses, and capabilities is known as

**Options:**

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- A- An environmental analysis
- B- An internal assessment
- C- An environmental forecast
- D- A community analysis

**Answer:**

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B

## Question 6

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**Question Type:** MultipleChoice

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

**Options:**

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- 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.

**Answer:**

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B

## Question 7

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**Question Type:** MultipleChoice

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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.

**Options:**

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- 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:**

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B



## Question 8

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**Question Type:** MultipleChoice

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The Good & Well Pharmacy, a Medicaid provider of outpatient drugs, is subject to the prospective drug utilization review (DUR) mandates of the Omnibus Budget Reconciliation Act of 1990 (OBRA '90). One component of prospective DUR is screening. In this context, when Good & Well is involved in the process of screening, the pharmacy is

### Options:

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- A- Updating a formulary to represent the current clinical judgment of providers and experts in the diagnosis and treatment of disease
- B- Reviewing patient profiles for the purpose of identifying potential problems
- C- Consulting directly with prescribers and patients in the planning of drug therapy
- D- Denying coverage for the off-label use of approved drugs

### Answer:

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B

## Question 9

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**Question Type: MultipleChoice**

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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

**Options:**

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- A- Mr. Jamison, Ms. Raynaud, and Mr. Dixon
- B- Mr. Jamison and Ms. Raynaud only
- C- Mr. Dixon only
- D- None of these individuals

**Answer:**

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A

## Question 10

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**Question Type:** MultipleChoice

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The following statements describe various state benefit mandates. Select the answer choice that describes a state law pertaining to off-label uses for drugs.

### Options:

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- A-** State A mandates that health plans provide benefits for experimental drugs for the treatment of terminal diseases such as AIDS and cancer.
- B-** State B mandates that health plans have a procedure in place to allow a patient to have a non-formulary drug covered under certain conditions.
- C-** State C mandates that, in dispensing generic drugs, pharmacies must label drug containers with the name of the substituted generic medication.
- D-** State D mandates that health plans provide benefits for the treatment of one form of cancer with specific drugs that had originally been approved by the Food and Drug Administration (FDA) to treat other forms of cancer.

### Answer:

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D

## Question 11

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**Question Type:** MultipleChoice

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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

### Options:

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- 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

### Answer:

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D

## Question 12

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**Question Type:** MultipleChoice

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Several states have adopted clinical practice guidelines for treating workers' compensation injuries. Clinical practice guidelines can best be described as

### Options:

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- A-** Fee schedules that specify the maximum amount providers may charge for treating workers' compensation patients
- B-** A utilization management and quality management mechanism designed to aid providers in making decisions about the most appropriate course of treatment for a specific case
- C-** Detailed plans of medical treatment designed to facilitate a patient's return to the workplace
- D-** Payment practices that might technically violate the provisions of the anti-kickback statute but that will not be considered illegal and for which providers and health plans will not be subject to penalties

### Answer:

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B

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