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Governance and Regulation

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QUESTION 1

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)

Correct Answer: A

QUESTION 2

The government uses various tools within the realm of two broad categories of public policy-allocative 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

Correct Answer: A

QUESTION 3

Solvency standards for Medicare provider-sponsored organizations (PSOs) are divided into three parts: (1) the initial stage, (2) the ongoing stage, and (3) insolvency. In the initial stage, prior to CMS approval, a Medicare PSO typically must have a minimum net worth of

- A. \$750,000
- B. \$1,000,000
- C. \$1,500,000
- D. \$2,000,000

Correct Answer: C

QUESTION 4



The Wentworth Corporation uses a self-funded plan to provide its employees with healthcare benefits. One consequence of Wentworth's approach to providing healthcare benefits is that self-funding

- A. Requires that Wentworth self-administer its healthcare benefit plan
- B. Requires that Wentworth pay higher state premium taxes than do insurers and health plans
- C. Eliminates the need for Wentworth to pay a risk charge to an insurer or health plan
- D. Increases the number of benefit and rating mandates that apply to Wentworth's plan

Correct Answer: C

QUESTION 5

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.

This information indicates that Bloom resolved its dispute with Mr. Dace by using an ADR method known as:

- A. Corporate risk management
- B. An ombudsman program
- C. An ethics committee
- D. Arbitration

Correct Answer: D

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