



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

Governance and Regulation

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### QUESTION 1

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 2

The following situations illustrate per se violations of federal antitrust laws:

Situation A - Two groups of providers agreed among themselves that each provider will do business with health plans only on a fee-for-service basis.

Situation B - In order to avoid competing with each other, two independent, competing physician-hospital organizations (PHOs) divide the geographic areas in which they will market their services.

From the following answer choices, select the response that correctly identifies the types of per se violations illustrated by these situations.

- A. Situation A: price fixing; Situation B: horizontal division of markets
- B. Situation A: price fixing; Situation B: tying arrangement
- C. Situation A: horizontal group boycott; Situation B: horizontal division of markets
- D. Situation A: horizontal group boycott; Situation B: tying arrangement

Correct Answer: A

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### QUESTION 3

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

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#### QUESTION 4

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

Correct Answer: A

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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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