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Governance and Regulation

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QUESTION 1

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

QUESTION 2

After conducting a business portfolio analysis, the Acorn Health Plan decided to pursue a harvest strategy with one of its strategic business units (SBUs)-Guest Behavioral Healthcare. By following a harvest strategy with Guest, Acorn most likely is seeking to

- A. Maximize Guest's short-term earnings and cash flow
- B. Increase Guest's market share
- C. Maintain Guest's market position
- D. Sacrifice immediate earnings in order to fund Guest's growth

Correct Answer: A

QUESTION 3

The following statements are about the Federal Employees Health Benefits Program (FEHBP), which is administered by the Office of Personnel Management (OPM). Three of the statements are true and one statement is false. Select the answer choice that contains the FALSE statement.

- A. For every plan in the FEHBP, OPM annually determines the lowest premium that is actuarially sound and then negotiates with each plan to establish that premium rate.
- B. Once a health plan has submitted its rate proposals for a contract year to the OPM, it cannot adjust its premium rate for any reason.
- C. To cover its administrative costs, OPM sets aside 1% of all FEHBP premiums.
- D. Each spring, OPM sends all plan providers its call letter, a document that specifies the kinds of benefits that must be available to plan participants and cost goals and procedural changes that the plans need to adopt.

Correct Answer: A

QUESTION 4

There are several approaches to the interagency division of responsibility for managed care entity (MCE) oversight. In State M, the state Medicaid agency, the state department of health, and the state insurance department are all responsible for ensuring that quality improvement programs are in place among the same group of MCEs and that these programs meet each agency's rules and regulations for such programs. This information indicates that State M uses the approach known as the

- A. Parallel model
- B. Shared model
- C. Concurrent model
- D. PACE model

Correct Answer: C

QUESTION 5

TRICARE, a military healthcare program, offers eligible beneficiaries three options for healthcare services: TRICARE Prime, TRICARE Extra, and TRICARE Standard. With respect to plan features, both an annual deductible and claims filing requirements must be met, regardless of whether care is delivered by network providers, under

- A. TRICARE Prime and TRICARE Extra only
- B. TRICARE Extra and TRICARE Standard only
- C. TRICARE Standard only
- D. None of these healthcare options

Correct Answer: C

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