



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

Governance and Regulation

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### QUESTION 1

States may impose nominal deductibles, coinsurance, or copayments on some Medicaid recipients for certain services. Services for which states can require copayments from Medicaid recipients include:

- A. Emergency services
- B. Family planning services
- C. Both A and B
- D. A only
- E. B only
- F. Neither A nor B

Correct Answer: D

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### QUESTION 2

In developing its corporate strategies, the Haven Health Plan decided to implement a growth strategy that is focused on increasing the percentage of preventive health office visits from its current plan members. To accomplish this objective,

Haven will send a direct mail kit to existing plan members to remind them of the variety of preventive health services that Haven currently offers, including physical exams, cholesterol tests, and mammograms.

This information illustrates Haven's use of

- A. An intensive growth strategy known as market penetration
- B. An integrated growth strategy known as product development
- C. An integrated growth strategy known as market development
- D. A diversified growth strategy known as market penetration

Correct Answer: A

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### QUESTION 3

The Hanford Health Plan has delegated the credentialing of its providers to the Sienna Group, a credential verification organization (CVO). If the contract between Hanford and Sienna complies with all of the National Committee for Quality Assurance (NCQA) guidelines for delegation of credentialing, then this contract

- A. Transfers to Sienna all rights to terminate or suspend individual practitioners or providers in Hanford's provider network
- B. Describes the process by which Hanford evaluates Sienna's performance in credentialing providers
- C. Both A and B



- D. A only
- E. B only
- F. Neither A nor B

Correct Answer: C

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#### 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

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#### QUESTION 5

In 1994, the Department of Justice (DOJ) and the Federal Trade Commission (FTC) revised their 1993 healthcare-specific antitrust guidelines to include analytical principles relating to multiprovider networks. Under the new guidelines, the regulatory agencies will use the rule of reason to analyze joint pricing activities by competitors in physician or multiprovider networks only if

- A. Provider integration under the network is likely to produce significant efficiencies that benefit consumers
- B. The providers in a network share substantial financial risk
- C. The combining of providers into a joint venture enables the providers to offer a new product
- D. All of the above

Correct Answer: A

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