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Shared by Farmer on 06-06-2022

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Question 1

Question Type: MultipleChoice

One example of health plan's influence on the practice of medicine is that, during the past decade, the focus of healthcare has moved toward _____, which is designed to reduce the overall need for healthcare services by providing patients with decision-making information.

Options:

- A- Demand management
- B- Managed competition
- C- Comprehensive coverage
- D- Private inurement

Answer:

A

Question 2

Question Type: MultipleChoice

Health plans should monitor changes in the environment and emerging trends, because changes in society will affect the managed care industry. One true statement regarding recent changes in the environment in which health plans operate is that

Options:

- A-** Women as a group receive more healthcare and interact more often with health plans than do men over the course of a lifetime
- B-** The focus of healthcare during the past decade has shifted away from outpatient care to inpatient hospital treatment
- C-** The uninsured population in the United States has been decreasing in recent years
- D-** The decline in overall inflation in the 1990s failed to slow the growth in healthcare inflation

Answer:

A

Question 3

Question Type: MultipleChoice

The following answer choices describe various approaches that a health plan can take to voice its opinions on legislation. Select the answer choice that best describes a health plan's use of grassroots lobbying.

Options:

- A-** The Delancey Health Plan is launching a media campaign in an effort to persuade the public that proposed health care legislation will increase the cost of healthcare.
- B-** The Stellar Health Plan is using direct mail and telephone calls to encourage people who support a patient rights bill to contact key legislators and voice their support for the bill.
- C-** The Bestway Health Plan is encouraging its employees to contribute to a political action committee (PAC) that is funding the political campaign of a pro-health plan candidate.
- D-** A representative of the Palmer Health Plan is attending a one-on-one meeting with a legislator to present Palmer's position on pending managed care legislation.

Answer:

B

Question 4

Question Type: MultipleChoice

Health plans are allowed to appeal rules or regulations that affect them. Generally, the grounds for such appeals are limited either to procedural grounds or jurisdictional grounds. The Kabyle Health Plan appealed the following new regulations:

Appeal 1 - Kabyle objected to this regulation on the ground that this regulation is inconsistent with the law.

Appeal 2 - Kabyle objected to this regulation because it believed that the subject matter was outside the realm of issues that are legal for inclusion in the regulatory agency's regulations.

Appeal 3 - Kabyle objected to the process by which this regulation was adopted.

Of these appeals, the ones that Kabyle appealed on jurisdictional grounds were

Options:

A- Appeals 1, 2, and 3

B- Appeals 1 and 2 only

C- Appeals 1 and 3 only

D- Appeals 2 and 3 only

Answer:

B

Question 5

Question Type: MultipleChoice

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

Options:

- 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

Answer:

A

Question 6

Question Type: MultipleChoice

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.

The contracts between Greenpath and its healthcare providers contain a termination provision known as

Options:

- A- An 'economic credentialing' termination provision
- B- A 'breach of contract' termination provision
- C- A 'fair procedure' termination provision
- D- A 'without cause' termination provision

Answer:

D

Question 7

Question Type: MultipleChoice

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:

Options:

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

Answer:

D

Question 8

Question Type: MultipleChoice

Brighton Health Systems, Inc., a health plan, wants to modify its advertising and marketing materials to avoid liability risk under the principle of ostensible agency. One step that Brighton can take to reduce the likelihood of being liable for provider negligence under the theory of ostensible agency is to

Options:

- A-** Guarantee the quality of medical care provided to Brighton members
- B-** Use advertising materials which state that Brighton itself provides healthcare
- C-** Add disclaimers to advertising materials indicating that only physicians and not Brighton make medical decisions
- D-** Use advertising materials to characterize Brighton's role as providing physicians, hospitals, and other healthcare professionals rather than arranging for healthcare.

Answer:

C

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