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## Question 1

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**Question Type:** MultipleChoice

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Most health plans require a PCP referral or precertification for CAM benefits.

**Options:**

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A- True

B- False

**Answer:**

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B

## Question 2

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**Question Type:** MultipleChoice

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Examples of alternative healthcare practitioners are chiropractors, naturopaths, and acupuncturists. The only well-established credentialing standards for alternative healthcare practitioners are those available from NCQA, These NCQA credentialing standards

apply to

**Options:**

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- A- chiropractors
- B- naturopaths
- C- acupuncturists
- D- all of the above

**Answer:**

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A

## Question 3

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**Question Type: MultipleChoice**

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Health plans that offer complementary and alternative medicine (CAM) services face potential liability because many types of CAM services

**Options:**

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- A- must be offered as separate supplemental benefits or separate products
- B- lack clinical trials to evaluate their safety and effectiveness
- C- are not covered by state or federal consumer protection statutes
- D- focus on a specific illness, injury, or symptom rather than on the whole body

**Answer:**

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B

## Question 4

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**Question Type: MultipleChoice**

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Vision care is typically separated into two categories: routine eye care and clinical eye care. The standard benefit plans offered by most health plans include coverage for

Routine eye care

Clinical eye care

**Options:**

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- A- Both 1 and 2
- B- 1 only
- C- 2 only
- D- Neither 1 nor 2

**Answer:**

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C

## Question 5

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**Question Type: MultipleChoice**

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Michelle Durden, who is enrolled in a dental health maintenance organizations (DHMO) offered by her employer, is due for a routine dental examination. If the plan is typical of most DHMOs, then Ms. Durden

**Options:**

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- A- must pay the entire cost of the examination

- B-** must obtain a referral to a dentist from her primary care provider (PCP)
- C-** can schedule the examination without preauthorization of payment by the DHMO
- D-** can schedule an unlimited number of examinations and cleanings per year

**Answer:**

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C

## Question 6

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**Question Type:** MultipleChoice

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The following statements are about medical management considerations for dental care. Select the answer choice containing the correct statement.

**Options:**

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- A-** Managed dental care organizations are regulated at the state rather than the federal level.
- B-** Dental care differs from medical care in that most dental care is provided by specialists.
- C-** Dental preferred provider organizations (Dental PPOs) are subject to more regulation than are dental health maintenance organizations (DHMOs).

**D-** Managed dental plans are accredited by the National Association of Dental Plans (NADP).

**Answer:**

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A

## Question 7

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**Question Type: MultipleChoice**

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The Mental Health Parity Act (MHPA) of 1996 is a federal law that establishes requirements for behavioral healthcare coverage for group plan members. The MHPA

**Options:**

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**A-** requires health plans to offer mental health benefits to all eligible members

**B-** prohibits health plans that offer mental health benefits from imposing lower annual or lifetime dollar limits on mental illnesses than they do on physical illnesses

**C-** provides an exemption for health plans that can demonstrate cost savings of more than 1 percent

**D-** prohibits health plans from limiting the number of outpatient visits or inpatient days covered under the plan

**Answer:**

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B

## Question 8

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**Question Type: MultipleChoice**

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The Shoreside Health Plan recently added coverage for behavioral healthcare services to its benefit package. In order to support the quality of its behavioral healthcare services, Shoreside plans to seek accreditation for its behavioral healthcare program. Accreditation specifically designed for behavioral healthcare programs is available through

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

The National Committee for Quality Assurance (NCQA)

The American Accreditation HealthCare Commission/URAC (URAC)

**Options:**

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**A-** All of the above

**B-** 1 and 2 only



C- 2 and 3 only

D- 1 only

**Answer:**

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B

## Question 9

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**Question Type: MultipleChoice**

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The BBA of 1997 allows states to provide Medicaid benefits to children through the State Children's Health Insurance Program (SCHIP). Under the terms of the BBA, states can implement SCHIP as

Part of their existing Medicaid programs

Separate commercial insurance programs

**Options:**

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A- Both 1 and 2

- B-** 1 only
- C-** 2 only
- D-** Neither 1 nor 2

**Answer:**

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A

## Question 10

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**Question Type:** MultipleChoice

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The following statements are about QAPI as it applies to Medicare+Choice plans and Medicaid health plan entities. Select the answer choice containing the correct statement.

**Options:**

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- A-** QAPI provides separate sets of standards for Medicaid MCEs and Medicare+Choice plans.
- B-** Medicaid primary care case management (PCCM) programs are required to comply with all QAPI standards.
- C-** QISMC standards for quality measurement and improvement apply only to clinical services delivered to Medicare and Medicaid enrollees.

**D-** States that require Medicaid MCEs to comply with QAPI standards are considered to be in compliance with CMS quality assessment and improvement regulations.

**Answer:**

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D

## Question 11

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**Question Type: MultipleChoice**

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Medicare beneficiaries can obtain healthcare benefits through fee-for-service (FFS) Medicare programs, Medicare medical savings account (MSA) plans, Medigap insurance, or coordinated care plans (CCPs). Unlike other coverage options, CCPs

**Options:**

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- A-** provide only those benefits covered by Medicare Part A and Part B
- B-** are not subject to federal or state regulation
- C-** place primary care at the center of the delivery system
- D-** are structured as indemnity plans

**Answer:**

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C

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