



AHM-250^{Q&As}

Healthcare Management: An Introduction

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QUESTION 1

One characteristic of the accreditation process for MCOs is that

- A. an accrediting agency typically conducts an on-site review of an MCO's operations, but it does not review an MCO's medical records or assess its member service systems
- B. each accrediting organization has its own standards of accreditation
- C. the accrediting process is mandatory for all MCOs
- D. government agencies conduct all accreditation activities for MCOs

Correct Answer: B

QUESTION 2

Federal legislation has placed the primary responsibility for regulating health insurance companies and HMOs that service private sector (commercial) plan members at the state level.

This federal legislation is the

- A. Clayton Act
- B. Federal Trade Commission Act
- C. McCarran-Ferguson Act
- D. Sherman Act

Correct Answer: C

QUESTION 3

The following statements are about concepts related to the underwriting function within a health plan. Select the answer choice containing the correct statement.

- A. Anti selection refers to the fact that individuals who believe that they have a less-than-average likelihood of loss tend to seek healthcare coverage to a greater extent than do individuals who believe that they have an average or greater-than-average like
- B. Federally qualified HMOs are required to medically underwrite all groups applying for coverage.
- C. Typically, a health plan guarantees the premium rate for a group health contract for a period of five years.
- D. When evaluating the risk for a group policy, underwriters typically focus on such factors as the size of the group, the stability of the group, and the activities of the group.

Correct Answer: D



QUESTION 4

Which of the following job descriptions best match the job of a telephone triage staff member?

- A. Check patient vitals, write prescriptions, administer drugs.
- B. Greet patients at the door, collect insurance information, schedule appointments, collect payments.
- C. Determine urgency of the condition, notify emergency department, schedule appointments, authorize referrals, provide self-care information.
- D. None of the above.

Correct Answer: C

QUESTION 5

Utilization review offers health plans a means of managing costs by managing

- A. Cost effectiveness of healthcare services.
- B. Cost of paying healthcare benefits.
- C. Both of the above

Correct Answer: C

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