



AHM-250^{Q&As}

Healthcare Management: An Introduction

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QUESTION 1

The Hill Health Plan designed a set of benefits that it packaged in the form of a PPO product. Hill then established a pricing structure that allowed its product to compete in the small group market, and it developed advertising designed to inform potential

- A. The number of specialists in Hill's network of providers.
- B. The price for the PPO product.
- C. Hill's ability to report utilization data.
- D. Hill's use of brokers to market its PPO product.

Correct Answer: B

QUESTION 2

Medicaid is a jointly funded federal and state program that provides hospital and medical expense coverage to low-income individuals and certain aged and disabled individuals. One characteristic of Medicaid is that

- A. providers who care for Medicaid recipients must accept Medicaid payment as payment in full for services rendered
- B. Medicaid requires recipients to pay deductibles, copayments, and coinsurance amounts for all services
- C. Medicaid is always the primary payer of benefits
- D. benefits offered by Medicaid programs are federally mandated and do not vary by state

Correct Answer: A

QUESTION 3

The National Committee for Quality Assurance (NCQA) is a nonprofit organization that accredits health plans and other healthcare organizations. Under the current NCQA accreditation program, a health plan's accreditation score is determined, in part, by

- A. is a performance-measurement tool designed to help healthcare purchasers and consumers compare quality offered by different plans.
- B. divides performance measures into 8 domains, and organizes reporting measures under these domains.
- C. is updated annually and measures are changed or new measures added.
- D. all of the above

Correct Answer: D

QUESTION 4



As part of its utilization management (UM) system, the Poplar MCO uses a process known as case management. The following statements describe individuals who are Poplar plan members:

Brad Van Note, age 28, is taking many different, costly medications for

- A. Mr. Van Note, Mr. Albrecht, and Ms. Cromartie
- B. Mr. Van Note and Ms. Cromartie only
- C. Mr. Van Note and Mr. Albrecht only
- D. Mr. Albrecht and Ms. Cromartie only

Correct Answer: C

QUESTION 5

The National Association of Insurance Commissioners\' (NAIC\'s) Unfair Claims Settlement Practices Act specifies standards for the investigation and handling of claims. The Act defines unfair claims practices and notes that such practices are improper if the

- A. Both A and B
- B. A only
- C. B only
- D. Neither A nor B

Correct Answer: A

QUESTION 6

In order to measure the expenses of institutional utilization, Holt Health care group uses standard formula to calculate hospital bed stays per 1000 plan members. On 26 November, Holt uses the following information to:

Calculate the bed days per 1000 members for the MTD Total gross hospital bed days in MTD = 500 Plan membership = 15000 Calculate Holt\'s number of bed days per 1000 members for the month to date, rounded to the nearest whole number.

- A. 468
- B. 365
- C. 920
- D. 500

Correct Answer: A



QUESTION 7

Bill Clinton is a member of Lewinsky's PBM plan which has a three-tier copayment structure. Bill fell ill and his doctor prescribed him AAA, a brand-name drug which was included in the Lewinsky's formulary; BBB, a non-formulary drug; and CCC, a generic dr

- A. CCC, AAA, BBB
- B. BBB, CCC, AAA
- C. BBB, AAA, CCC
- D. CCC, BBB, AAA

Correct Answer: A

QUESTION 8

Many HMOs are compensated for the delivery of healthcare to members under a prepaid care arrangement. Under a prepaid care arrangement, a plan member typically pays a

- A. fixed amount in advance for each medical service the member receives
- B. a small fee such as \$10 or \$15 that a member pays at the time of an office visit to a network provider
- C. a fixed, monthly premium paid in advance of the delivery of medical care that covers most healthcare services that a member might need, no matter how often the member uses medical services
- D. specified amount of the member's medical expenses before any benefits are paid by the HMO

Correct Answer: C

QUESTION 9

Which facility would best meet the need of Jack who fell on road and sprained his ankle?

- A. Emergency Department
- B. Urgent Care Centre
- C. Home health care
- D. None of the above

Correct Answer: B

QUESTION 10

In assessing the potential degree of risk represented by a proposed insured, a health underwriter considers the factor of anti selection. Anti selection can correctly be defined as the



- A. inability of a proposed insured to share with the insurer the financial risks of healthcare coverage
- B. possibility that a proposed insured will profit from an illness by receiving benefits that exceed the total amount of his or her eligible medical expenses
- C. inability of a proposed insured to provide sufficient evidence that proves he or she is an insurable risk
- D. tendency of people who have a greater-than-average likelihood of loss to apply for or continue insurance protection to a greater extent than people who have an average or less than average likelihood of the same loss

Correct Answer: D

QUESTION 11

One way in which a health plan can support an ethical environment is by

- A. requiring organizations with which it contracts to adopt the plan's formal ethical policy
- B. developing and maintaining a culture where ethical considerations are integrated into decision making at the top organizational level only
- C. establishing a formal method of managing ethical conflicts, such as using an ethics task force or bioethics consultant
- D. maintaining control of policy development by removing providers and members from the process of developing and implementing policies and procedures that provide guidance to providers and members confronted with ethical issues

Correct Answer: C

QUESTION 12

The following programs are part of the Alcove Health Plan's utilization management (UM) program:

Preventive care initiatives
A telephone triage program
A shared decision-making program
A self-care program

With regard to the UM programs, it is most

- A. Preventive care initiatives include immunization programs but not health promotion programs.
- B. Telephone triage program is staffed by physicians only.
- C. Shared decision-making program is appropriate for virtually any medical condition.
- D. Self-care program is intended to complement physicians' services, rather than to supersede or eliminate these services.

Correct Answer: D

QUESTION 13



The paragraph below contains two pairs of terms enclosed in parentheses. Determine which term in each pair correctly completes the paragraph. Then select the answer choice containing the two terms you have selected.

The Harbor Health Plan convened a litigation

- A. a standing / ongoing
- B. a standing / specific
- C. an ad hoc / ongoing
- D. an ad hoc / specific

Correct Answer: D

QUESTION 14

To address the problems associated with multiple data management systems, the Kayak Health Plan has begun to use a data warehouse. One likely characteristic of Kayak's data warehouse is that:

- A. It requires Kayak's individual databases to store large amounts of data that are not needed for daily operations.
- B. It contains data from internal sources only.
- C. It stores historical data rather than current data.
- D. The data in the warehouse are linked by a common subject.

Correct Answer: D

QUESTION 15

A particular health plan offers a higher level of benefits for services provided in-network than for out-of-network services. This health plan requires preauthorization for certain medical services.

With regard to the steps that the health plan's claims e

- A. should assume that all services requiring preauthorization have been preauthorized
- B. should investigate any conflicts between diagnostic codes and treatment codes before approving the claim to ensure that the appropriate payment is made for the claim
- C. need not verify that the provider is part of the health plan's network before approving the claim at the in-network level of benefits
- D. need not determine whether the member is covered by another health plan that allows for coordination of benefits

Correct Answer: B