



# AHM-250<sup>Q&As</sup>

Healthcare Management: An Introduction

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**QUESTION 1**

The act which requires each group health plan to allow employees and certain dependents to continue their group coverage for a stated period of time following a qualifying event that causes the loss of group health coverage is:

A. ERISA

B. COBRA

Correct Answer: B

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**QUESTION 2**

An exclusive provider organization (EPO) operates much like a PPO. However, one difference between an EPO and a PPO is that an EPO

A. Is regulated under federal HMO legislation

B. Generally provides no benefits for out-of-network care

C. Has no provider network of physicians

D. Is not subject to state insurance laws

Correct Answer: B

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**QUESTION 3**

The contract between an employer and an insurer or other TPA is called

A. Claims

B. Bond

C. ASO

D. None of the above

Correct Answer: C

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**QUESTION 4**

Appropriateness of treatment provided is determined by developing criteria that if unmet will prompt further investigation of a claim which are also called:

A. Codes

B. Lists



C. Edits

D. Checks

Correct Answer: C

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#### QUESTION 5

Health plans can organize under a not-for-profit form or a for-profit form. One true statement regarding not-for-profit health plans is that these organizations typically

A. are exempt from review by the Internal Revenue Service (IRS)

B. are organized as stock companies for greater flexibility in raising capital

C. rely on income from operations for the large cash outlays needed to fund long-term projects and expansion

D. engage in lobbying or political activities in order to maintain their tax-exempt status

Correct Answer: C

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