



AHM-250^{Q&As}

Healthcare Management: An Introduction

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**QUESTION 1**

One way that MCOs involve providers in risk sharing is by retaining a percentage of the providers' payment during a plan year. At the end of the plan year, the MCO may use the amount retained to offset or pay for any cost overruns for referral or hospital

- A. withholds
- B. usual, customary, and reasonable (UCR) fees
- C. risk pools
- D. per diems

Correct Answer: A

QUESTION 2

One distinguishing characteristic of a health maintenance organization (HMO) is that, typically, an HMO

- A. arranges for the delivery of medical care and provides, or shares in providing, the financing of that care
- B. must be organized on a not-for-profit basis
- C. may be organized as a corporation, a partnership, or any other legal entity
- D. must be federally qualified in order to conduct business in any state

Correct Answer: A

QUESTION 3

Before the Leo Health Maintenance Organization (HMO) received a certificate of authority (COA) to operate in State X, it had to meet the state's licensing requirements and financial standards which were established by legislation that is identical to the

- A. receive compensation based on the volume and variety for medical services they perform for Leo plan members, whereas the specialists receive compensation based solely on the number of plan members who are covered for specific services
- B. have no financial incentive to practice preventive care or to focus on improving the health of their plan members, whereas the specialists have a positive incentive to help their plan members stay healthy
- C. receive from the IPA the same monthly compensation for each Leo plan member under the PCP's care, whereas the specialists receive compensation based on a percentage discount from their normal fees
- D. receive compensation based on a fee schedule, whereas the specialists receive compensation based on per diem charges

Correct Answer: C



QUESTION 4

One feature of the Employee Retirement Income Security Act (ERISA) is that it:

- A. Requires self-funded employee benefit plans to pay premium taxes at the state level.
- B. Contains a pre-emption provision, which typically makes the terms of ERISA take precedence over any state laws that regulate employee welfare benefit plans.
- C. Contains strict reporting and disclosure requirements for all employee benefit plans except health plans.
- D. Requires that state insurance laws apply to all employee benefit plans except insured plans.

Correct Answer: B

QUESTION 5

By definition, the marketing process of defining a certain place or market niche for a product relative to competitors and their products and then using the marketing mix to attract certain market segments is known as

- A. branding
- B. positioning
- C. database marketing
- D. personal selling

Correct Answer: B

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