



AHM-250^{Q&As}

Healthcare Management: An Introduction

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**QUESTION 1**

Janet Riva is covered by a indemnity health insurance plan that specifies a \$250 deductible and includes a 20% coinsurance provision. When Ms. Riva was hospitalized, she incurred \$2,500 in medical expenses that were covered by her health plan. She incurred

- A. \$1,750
- B. \$1,800
- C. \$2,000
- D. \$2,250

Correct Answer: B

QUESTION 2

The contract between the Honolulu MCO and Beverley Hills Hospital contains a 90 day cure provision. The Beverley Hills Hospital breached one of the contract requirements on July 31, 2004. The hospital remedied the problem by October 31, 2004. Which of the following answer is right?

- A. The contract would not be terminated as Beverley Hills hospital rectified the problem within 90 days.
- B. The contract would be terminated as Beverley Hills hospital was required to notify Honolulu MCO about the problem at least 90 days in advance.
- C. The contract would be terminated as Beverley Hills hospital was required to rectify the problem within 90 days.
- D. The contract would not be terminated as Beverley Hills hospital may escape adherence to the cure provision.

Correct Answer: C

QUESTION 3

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 4



The Blaine Healthcare Corporation seeks to manage its quality by first identifying the best practices and best outcomes for a given procedure. Blaine can then determine areas in which it can emulate the best practices in order to equal or surpass the best

- A. provider profiling
- B. benchmarking
- C. peer review
- D. quality assessment

Correct Answer: B

QUESTION 5

In Order to act as a TPA an organization must

- A. Establish written procedures for adverse determinations and appeals
- B. Obtain a certificate of authority from the state insurance department
- C. Designating the organization as a TPA
- D. All of the above

Correct Answer: B

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