



AHM-250^{Q&As}

Healthcare Management: An Introduction

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**QUESTION 1**

From the answer choices below, select the response that correctly identifies the rating method that Mr. Sybex used and the premium rate PMPM that Mr. Sybex calculated for the Koster group.

- A. Rating Method book rating Premium Rate PMPM \$132
- B. Rating Method book rating Premium Rate PMPM \$138
- C. Rating Method blended rating Premium Rate PMPM \$132
- D. Rating Method blended rating Premium Rate PMPM \$138

Correct Answer: C

QUESTION 2

Most contracts between health plans and providers contain a provision which forbids providers from seeking compensation from patients if the health plan fails to compensate the provider because of insolvency or for any other reason. Such a provision is kn

- A. due process provision
- B. cure provision
- C. hold-harmless provision
- D. risk-sharing provision

Correct Answer: C

QUESTION 3

During the risk assessment process for a traditional indemnity group insurance health plan, group underwriters consider such characteristics as a group's geographic location, the size and gender mix of the group, and the level of participation in the grou

- A. Healthcare costs are typically higher in rural areas than in large urban areas.
- B. The morbidity rate for males is higher than the morbidity rate for females.
- C. The larger the group, the more likely it is that the group will experience losses similar to the average rate of loss that was predicted.
- D. All of the above

Correct Answer: C

QUESTION 4



Provider integration has two components: operational integration and structural integration. An example of operational integration in health plans is the:

- A. Acquisition of the Leopard Health Plan by the Hickory Health Plan.
- B. Joint venture entered into by the Eclipse Health Plan and a local hospital system to create a new health plan in which Eclipse and the hospital system share ownership.
- C. Formation of an organization by a group of providers to carry out billing, collections, and contracting with health plans for the entire group of providers.
- D. Consolidation of the Carver Health Plan and the Limestone Health Plan.

Correct Answer: C

QUESTION 5

If a state commissioner of insurance places an HMO under administrative supervision, then the purpose of this action most likely is to:

- A. Transfer all of the HMO's business to other carriers.
- B. Allow the state commissioner, acting for a state court, to take control of and administer the HMO's assets and liabilities.
- C. Sell the HMO's assets in order to satisfy the HMO's obligations.
- D. Place the HMO's operations under the direction and control of the state commissioner or a person appointed by the commissioner.

Correct Answer: D

QUESTION 6

The administrative simplification standards described under Title II of HIPAA include privacy standards to control the use and disclosure of health information. In general, these privacy standards prohibit

- A. all health plans, healthcare providers, and healthcare clearinghouses from using any protected health information for purposes of treatment, payment, or healthcare operations without an individual's written consent
- B. patients from requesting that restrictions be placed on the accessibility and use of protected health information
- C. transmission of individually identifiable health information for purposes other than treatment, payment, or healthcare operations without the individual's written authorization
- D. patients from accessing their medical records and requesting the amendment of incorrect or incomplete information

Correct Answer: D

QUESTION 7



Prescription drug benefits in Medicare can be obtained through:

- A. Stand alone prescription drug pl (PDPs)
- B. Traditional fee for service (FFS) Medicare
- C. Medicare Advantage pl
- D. Both A and C

Correct Answer: A

QUESTION 8

The National Association of Insurance Commissioners (NAIC) developed the Small Group Model Act to enable small groups to obtain accessible, yet affordable, group health benefits. The model law limits the rate spread, which is the difference between the hi

- A. \$60
- B. \$80
- C. \$120
- D. \$160

Correct Answer: B

QUESTION 9

The situation wherein two hospitals agree to each refuse to contract with a health plan until the health plan cease contract negotiations with a competing hospital is known as

- A. Horizontal division of markets
- B. Tying arrangements
- C. Horizontal group boycott
- D. Price fixing

Correct Answer: C

QUESTION 10

The following types of CDHPs allow federal tax advantages including the ability to roll funds from one year to the next:

- A. MSAs, HRAs, HSAs
- B. FSAs, MRAs, HRAs



C. FSAs, HRAs, HSAs

D. FSAs, MRAs HSAs

Correct Answer: A

QUESTION 11

A public employer, such as a municipality or county government would be considered which of the following?

A. Employer-employee group

B. Multiple-employer group

C. Affinity group

D. Debtor-creditor group

Correct Answer: A

QUESTION 12

Immediate evaluation and treatment of illness or injury can be provided in any of the following care settings:

A. Hospital emergency departments

B. Physician's offices

C. Urgent care centers

D. If these settings are ranked in order of the cost of providing c

A. A, B, C

B. A, C, B

C. B, C, A

D. C, A, B

Correct Answer: B

QUESTION 13

Before the Hill 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 of medical services they perform for Hill 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 Hill 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 14

One true statement regarding ethics and laws is that the values of a community are reflected in

- A. both ethics and laws, and both ethics and laws are enforceable in the court system
- B. both ethics and laws, but only laws are enforceable in the court system
- C. ethics only, but only laws are enforceable in the court system
- D. laws only, but both ethics and laws are enforceable in the court system

Correct Answer: B

QUESTION 15

The following statements are about accreditation in health plans. Select the answer choice that contains the correct statement.

- A. Accreditation is typically performed by a panel of physicians and administrators employed by the health plan under evaluation.
- B. All accrediting organizations use the same standards of accreditation.
- C. Results of accreditation evaluations are provided only to state regulatory agencies and are not made available to the general public.
- D. Accreditation demonstrates to an health plan's external customers that the plan meets established standards for quality care.

Correct Answer: D

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