

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

Healthcare Management: An Introduction

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#### QUESTION 1

Which of the following is NOT a preventive care initiative often used by health plans?

- A. Screening for high blood pressure
- B. Maternity management programs
- C. Vaccines
- D. Physical therapy

Correct Answer: D

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#### QUESTION 2

To set up and contribute to an HSA, an individual must:

- A. Be covered by a high-deductible health plan that meets federal requirements.
- B. Not have other health insurance.
- C. Not be enrolled in Medicare.
- D. All of the above.

Correct Answer: D

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#### QUESTION 3

The Gable MCO sometimes experience-rates small groups by underwriting a number of small groups as if they constituted one large group and then evaluating the experience of the entire large group. This practice, which allows small groups to take advantage

- A. prospective experience rating
- B. pooling
- C. retrospective experience rating
- D. positioning

Correct Answer: B

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#### QUESTION 4

The Robust Health Plan sometimes uses prospective experience rating to calculate the premiums for a group. Under prospective experience rating, Robust most likely will:

- A. At the end of a rating period, the financial gains and losses experienced by the group during that rating period and, if the group's experience during the period is better than expected, refund part of the group's premium in the form of an experience ratio
- B. Use Robust's average experience with all groups to calculate this particular group's premium.
- C. Use the group's past experience to estimate the group's expected experience for the next period.
- D. All of the above

Correct Answer: C

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#### QUESTION 5

For providers, integration occurs when two or more previously separate providers combine under common ownership or control, or when two or more providers combine business operations that they previously carried out separately and independently. Such provi

- A. higher costs for health plans, healthcare purchasers, and healthcare consumers
- B. improved provider contracting position with health plans
- C. an increase in providers' autonomy and control over their own work environment
- D. all of the above

Correct Answer: B

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#### QUESTION 6

The Madison Health Plan, a national MCO, and a local hospital system that operates its own managed healthcare network recently created a new and separate managed healthcare organization, the Pineapple Health Plan. Madison and the hospital system share own

- A. a consolidation
- B. a joint venture
- C. a merger
- D. an acquisition

Correct Answer: B

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#### QUESTION 7

Select the correct statement regarding TRICARE Extra plan options to military personnel's.

- A. Out of pocket expenses are generally high in tricare extra than TRICARE standard
- B. Enrollment is not necessary to participate in TRICARE Extra

C. TRICARE Extra provides coordinated care managed by primary care case manager

Correct Answer: C

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#### QUESTION 8

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. Hill had to have an initial net worth of at least \$1.5 million in order to obtain a COA.
- B. The COA most likely exempts Hill from any of State X's enabling statutes.
- C. Hill had to be organized as a partnership in order to obtain a COA
- D. The COA in no way indicates that Hill has demonstrated that it is fiscally sound.

Correct Answer: A

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#### QUESTION 9

The measures used to evaluate healthcare quality are generally divided into three categories: process, structure and outcomes. An example of a process measure that can be used to evaluate an MCO's performance is the

- A. percentage of board certified physicians within the MCO's network
- B. number of hospital admissions for plan members with certain medical conditions
- C. number of plan members contracting an infection in the hospital
- D. percentage of adult plan members who receive regular medical checkups

Correct Answer: D

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#### QUESTION 10

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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#### QUESTION 11

The following statements are about information management in health plans. Three of the statements are true and one statement is false. Select the answer choice containing the FALSE statement:

- A. Health plans find EDI useful for transmitting data among different health plan locations.
- B. EDI is different from eCommerce in the EDI is the transfer of data, typically in batches, while ecommerce is a back-and-forth exchange of information concerning individual transactions.
- C. The majority of health plan eCommerce occurs via proprietary computer networks.
- D. Benefits that health plans can receive from using electronic data interchange.

Correct Answer: C

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#### QUESTION 12

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 13

One device that PBM plans use to manage both the cost and use of pharmaceuticals is a formulary. A formulary is defined as

- A. a listing of drugs classified by therapeutic category or disease class that are considered preferred therapy for a given managed population and that are to be used by a health plan's providers in prescribing medications
- B. a reduction in the price of a particular pharmaceutical obtained by the PBM from the pharmaceutical manufacturer
- C. drugs ordered and delivered through the mail to the PBM's plan members at a reduced cost
- D. an identification card issued by the PBM to its plan members

Correct Answer: A

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#### QUESTION 14

In certain situations, a health plan can use the results of utilization review to intervene, if necessary, to alter the course of a plan member's medical care.

- A. Such intervention can be based on the results of
- B. Prospective review
- C. Concurrent review
- A. A, B, and C
- B. A and B only
- C. A and C only
- D. B only

Correct Answer: D

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#### **QUESTION 15**

An HMO's quality assurance program must include

- A. A statement of the HMO's goals and objectives for evaluating and improving enrollees' health status
- B. Documentation of all quality assurance activities
- C. System for periodically reporting program results to the HMO's board of directors, its providers, and regulators
- D. All the above

Correct Answer: D

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