



**Free Questions for AHM-250 by certscare**

**Shared by Grimes on 15-04-2024**

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## Question 1

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**Question Type:** MultipleChoice

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Utilization data can be transmitted to the health plan manually, by telephone, or electronically. Compared to other methods of data transmittal, manual transmittal is generally

**Options:**

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- A- less cumbersome and labor intensive
- B- faster and more accurate
- C- more acceptable to physicians
- D- subject to greater scrutiny by regulatory bodies

**Answer:**

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C

## Question 2

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**Question Type:** MultipleChoice

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Using a code for a procedure or diagnosis that is more complex than the actual procedure or diagnosis and that results in higher reimbursement to the provider is called \_\_\_\_\_.

**Options:**

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- A- Coding error
- B- Overcharging
- C- Upcoming
- D- Unbundling

**Answer:**

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C

## Question 3

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**Question Type: MultipleChoice**

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Types of alternative care centers include urgent care centers, observation care units, and stepdown units. One difference between the costs associated with alternative care centers is that, compared to the cost of:

**Options:**

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- A-** Facilities, equipment, and staffing in hospital emergency departments (EDs), the cost of facilities, equipment, and staffing in observation care units is generally lower
- B-** Care delivered in urgent care centers, the cost of care delivered in hospital emergency departments (EDs) is generally lower.
- C-** Care in step-down units, the cost of acute inpatient care is generally lower.
- D-** Primary care in a physician's office, the cost of care delivered in urgent care centers is generally lower.

**Answer:**

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A

## Question 4

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**Question Type: MultipleChoice**

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Two MCOs in a single service area divided purchasers into two groups and agreed to each market their products to only one purchaser group. This information indicates that these two MCOs violated antitrust requirements because they engaged in an activity k

**Options:**

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- A- horizontal group boycott
- B- horizontal division of markets
- C- a tying arrangement
- D- price fixing

**Answer:**

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B

## Question 5

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**Question Type:** MultipleChoice

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Traditional Medicare includes two parts: Medicare Part A and Medicare Part B. With regard to the ways these parts differ from each other, it is correct to say that Medicare Part A

**Options:**

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- A- provides benefits for physicians' professional services, whereas Medicare Part B provides basic hospitalization insurance
- B- is financed through premiums paid by covered persons and from the federal government's general tax revenues, whereas Medicare Part B is funded primarily through a payroll tax imposed on employers and workers

**C-** provides 100% coverage for eligible medical expenses, whereas Medicare Part B includes annual deductible and coinsurance provisions

**D-** is provided automatically to most eligible persons, whereas Medicare Part B is a voluntary program

**Answer:**

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D

## Question 6

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**Question Type:** MultipleChoice

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

**Options:**

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**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.

**Answer:**

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D

## Question 7

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**Question Type:** MultipleChoice

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To determine fee reimbursements to be paid to physicians, the Triangle Health Plan assigns a weighted value to each medical procedure or service and multiplies the weighted value by a money multiplier. Triangle and the providers negotiate the value of the

**Options:**

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- A- diagnosis-related group (DRG) system
- B- relative value scale (RVS)
- C- partial capitation arrangement
- D- capped fee system

**Answer:**

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B

## Question 8

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**Question Type:** MultipleChoice

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To address the problems associated with multiple data management systems, the Kayak Health Plan has begun to use a data warehouse. One likely characteristic of Kayak's data warehouse is that:

**Options:**

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- A- It requires Kayak's individual databases to store large amounts of data that are not needed for daily operations.
- B- It contains data from internal sources only.
- C- It stores historical data rather than current data.
- D- The data in the warehouse are linked by a common subject.

**Answer:**

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D

## Question 9

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**Question Type:** MultipleChoice

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To achieve widespread use of electronic data interchange (EDI) in the healthcare industry, all entities within the industry need to agree on industry standards regarding the information format and software to be used. Several organizations are making cont,

**Options:**

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- A- Computer-based Patient Records Institute (CPRI)
- B- American National Standards Institute (ANSI)
- C- American Health Information Management Association (AHIMA)
- D- American Medical Association (AMA)

**Answer:**

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B

## Question 10

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**Question Type: MultipleChoice**

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The Venus Hospital provides medical care to paying patients, as well as to people who either have no healthcare coverage and cannot pay for the care by themselves or who receive services at reduced rates because they are covered under government sponsored

**Options:**

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- A- anti selection
- B- cost shifting
- C- receivership
- D- underwriting

**Answer:**

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B

## Question 11

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**Question Type: MultipleChoice**

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The Titanium Health Plan and a third-party administrator (TPA) have entered into a TPA agreement with regard to the administration of a particular health plan. This agreement complies with all of the provisions of the NAIC TPA Model Law. One of the TPA's

**Options:**

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- A- Hold all funds it receives on behalf of Titanium in trust.

- B-** Assume full responsibility for ensuring that the health plan is administered properly
- C-** Obtain from the federal government a certificate of authority designating the organization as a TPA.
- D-** Assume full responsibility for determining the claim payment procedures for the plan

**Answer:**

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A

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