

# **Free Questions for AHM-250 by vceexamstest**

## Shared by Ross on 06-06-2022

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## **Question 1**

#### **Question Type:** MultipleChoice

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 highest and lowest rates that a health plan charges small groups, to a particular ratio.

According to the Model Act, for example, if the lowest rate an HMO charges a small group for a given set of medical benefits is \$40, then the maximum rate the HMO can charge for the same set of benefits is

Options:			
<b>A-</b> \$60			
<b>B-</b> \$80			
<mark>C-</mark> \$120			
<b>D-</b> \$160			

#### Answer:

## **Question 2**

#### **Question Type:** MultipleChoice

The scandent Health Group contracted with the Empire Corporation to provide behavioral healthcare services to.

Empire employees. As a condition of providing behavioral healthcare services, scandent required Empire to contract with scandent for basic medical services scandent's actions constituted the type of antitrust violation known as a

### **Options:**

A- Horizontal	group	boycott
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- **B-** Price-fixing agreement
- C- Horizontal division of markets
- **D-** Tying arrangement

## Answer: D

## **Question 3**

The following statements are about the various Health Plan Accountability Models adopted by the NAIC.

### **Options:**

A- Under the terms of the Health Plan Network Adequacy Model Act, all health plans would be required to hold covered persons harmless against provider collections and provide continued coverage for uncompleted treatment in the event of plan insolvency

**B-** The Health Carrier Grievance Procedure Model Act requires all health carriers to maintain a first-level grievance review, but it does not require any second-level review

C- According to the Health Care Professional Credentialing Verification Model Act, a health plan must select all providers who meet the plan's credentialing criteria

**D-** The Quality Assessment and Improvement Model Act exempts closed plans from implementing a quality improvement program.

### Answer:

А

## **Question 4**

**Question Type:** MultipleChoice

Diabetic patients with high glucose levels requiring stabilization following treatment of an acute attack would best be served in an

### **Options:**

- A- Emergency Department
- **B-** Urgent Care Centre
- C- Hospice Care
- **D-** Observation Care Unit

### Answer: D

## **Question 5**

**Question Type: MultipleChoice** 

Which facility would best meet the need of Jack who fell on road and sprained his ankle?

### **Options:**

- A- Emergency Department
- B- Urgent Care Centre
- C- Home health care
- D- None of the above

Answer:			
B			

## **Question 6**

**Question Type:** MultipleChoice

Utilization review offers health plans a means of managing costs by managing

### **Options:**

A- Cost effectiveness of healthcare services.

- B- Cost of paying healthcare benefits.
- C- Both of the above

#### Answer:

С

## **Question 7**

### **Question Type:** MultipleChoice

Calculate the hospital bed days per 1000 members for the Month to date (MTD) on 25 April, with plan membership of 25,000 and total gross hospital bed days in MTD is 300 for an XYZ Health plan?

Options:			
<mark>A-</mark> 175			
<b>B-</b> 480			
<b>C-</b> 1000			
<b>D-</b> 365			

А

## **Question 8**

### **Question Type:** MultipleChoice

Disease management is typically set up as a voluntary outreach and support program for plan members with certain \_\_\_\_\_\_ diseases

### **Options:**

A- Acute

B- Chronic

C- None of the above

#### Answer:

В

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