AHIP AHM-250 Practice Questions

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Question 1

Question Type: MultipleChoice

Employer-sponsored benefit plans that provide healthcare benefits must comply with the Employee Retirement Income Security Act (ERISA). One of the most significant features of ERISA is that it

Options:

A- contains a provision stating that the terms of ERISA generally take precedence over any state laws that regulate employee welfare benefit plans
B- standardizes the conversion of group healthcare benefits to individual healthcare benefits
C- mandates that self-funded healthcare plans must pay state premium taxes
D- requires that all active employees, regardless of age, must be eligible for coverage under employer-sponsored benefit plans

Answer:

A

Question 2

Question Type: MultipleChoice

A differences between managed indemnity & traditional indemnity

Options:

A- Include precertification and utilization review techniques
B- Both are the same
C- Include network and quality review techniques
D- A & B

Answer:

C

Question 3

Question Type: MultipleChoice

The following statements apply to flexible spending arrangements. Choose the answer choice that contains the correct statement.

Options:

A- FSAs were designed to help increase health insurance coverage among self-employed individuals.
B- Only employers may contribute funds to FSAs.
C- The popularity of FSAs has been limited because funds may not be rolled over from year to year.
D- A popular feature of FSAs is their portability, which allows employees to take the funds with them when they change jobs.

Answer:

C

Question 4

Question Type: MultipleChoice

Health plans often carve out specialty services that have one or more of the following characteristics

Options:

A- A poorly defined patient population
B- High or increasing costs
C- Appropriate utilization
D- All the above

Answer:

B

Question 5

Question Type: MultipleChoice

Common characteristics of POS products are

Options:

A- Lack of Freedom of choice
B- Absence of Primary care physician
C- Cost-cutting efforts and the structure of coverage
D- In a PPO, the most common method used to reimburse physicians is capitation.

Answer:

C

Question 6

Question Type: MultipleChoice

The existing committees at the Majestic Health Plan, a health plan that is subject to the requirements of HIPAA, include the Executive Committee and the Corporate Compliance Committee. The Executive Committee serves as a long-term advisory body on issues related to overall organizational policy. The Corporate Compliance Committee are convened to address specific management concerns. The following statement(s) can correctly be made about these committees:

Options:

A- Majestic's Executive Committee is an example of a Specific committee.
B- The Corporate Compliance Committee is an Example of an Adhoc company.
C- A & B

Answer:

B

Question 7

Question Type: MultipleChoice

The following statements describe violations of antitrust legislation:

Situation A - Two health plans in a single service area divided purchasers into two groups and

agreed to each market their products to only one purchaser group.

Situation B - A spec

Options:

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

Answer:

A

Question 8

Question Type: MultipleChoice

Health plans sometimes contract with independent organizations to provide specialty services, such as vision care or rehabilitation services, to plan members. Specialty services that have certain characteristics are generally good candidates for health pl

Options:

A- Low or stable costs.
B- Appropriate, rather than inappropriate, utilization rates.
C- A benefit that cannot be easily defined.
D- Defined patient population.

Answer:

D

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