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Question 1

Question Type: MultipleChoice

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

Options:

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

Answer:

D

Question 2

Question Type: MultipleChoice

Which of the following is NOT a factor that is used by MCOs to determine which services will undergo utilization review?

Options:

- A- Cost per procedure
- B- Concurrent review
- C- Cost of review
- D- Access requirements

Answer:

D

Question 3

Question Type: MultipleChoice

Which of the following is CORRECT?

Options:

- A- Electronic transmittal of authorization is subject to the same regulatory requirements as other methods of transmittal
- B- Telephone transmittal increases data entry errors.
- C- Medical review is conducted before administrative review.
- D- Prospective review, concurrent review and retrospective review are types of utilization review

Answer:

D

Question 4

Question Type: MultipleChoice

Which of the following best describes an organization that is owned by a hospital or group of investors and provides management and administrative support services to individual physicians or small group practices?

Options:

- A- Independent Practice Association (IPA).

- B-** Group Practice Without Walls (GPWW)
- C-** Management Services Organization (MSO).
- D-** Consolidated Medical Group.

Answer:

C

Question 5

Question Type: MultipleChoice

Which of the choices below contains the four tools used by marketers that make up the 'promotion mix'?

Options:

- A-** Advertising, personal selling, sales promotion, and publicity.
- B-** Advertising, price, sales promotion, and publicity.
- C-** Admissions, personal selling, sales promotion, and publicity.
- D-** Advertising, personal selling, sales promotion, and privacy.

Answer:

A

Question 6

Question Type: MultipleChoice

Which is an advantage of a for-profit health plan?

Options:

A- Flexibility in raising capital

B- Double taxation

C- Exemption from paying federal income taxes.

D- None of the above.

Answer:

A

Question 7

Question Type: MultipleChoice

When the Knoll Company purchased group health coverage from the Castle Health Maintenance Organization (HMO), the agreement between the two parties specified that the plan would be a typical fully funded plan. Because Knoll had been covered under a previous

Options:

A- 230

B- 270

C- 220

D- 180

Answer:

C

Question 8

Question Type: MultipleChoice

When the Knoll Company purchased group health coverage from the Castle Health Maintenance Organization (HMO), the agreement between the two parties specified that the plan would be a typical fully funded plan. Because Knoll had been covered under a previo

Options:

- A- Castle is responsible for paying for all incurred covered benefits
- B- Knoll is solely responsible for guaranteeing claim payments
- C- Knoll makes no premium payments to Castle
- D- Castle has no responsibilities for administering the health plan

Answer:

A

Question 9

Question Type: MultipleChoice

When determining the rates it will charge a small group, the Eagle HMO, a federally qualified HMO, divides its members into classes or groups based on demographic factors such as geography, family composition, and age. Eagle then charges all members of a

Options:

- A- Retrospective experienced rating.
- B- Adjusted community rating (ACR).
- C- Pure community rating.
- D- Standard community rating.

Answer:

B

Question 10

Question Type: MultipleChoice

When determining the premium rates it will charge a particular group, the Blue Jay Health Plan used a rating method known as community rating by class (CRC). Under this rating method, Blue Jay,

Options:

- A- was allowed to use no more than four rating classes when determining how much to charge the group for health coverage

B- was required to make the average premium in each class no more than 105% of the average premium for any other class

C- divided its members into rating classes based on demographic factors, experience, or industry characteristics, and then charged each member in a rating class the same premium

D- charged all employers or other group sponsors the same dollar amount for a given level of medical benefits, without adjustments for age, gender, industry, or experience

Answer:

C

Question 11

Question Type: MultipleChoice

When determining physicians' fee reimbursements, the Blossom Managed Healthcare Group assigns a weighted value to each medical procedure or service and multiplies the weighted value by a money multiplier, as shown below:

Weighted value for service Money

Options:

- A- discounted fee-for-service system
- B- global capitation arrangement
- C- withhold arrangement
- D- relative value scale (RVS)

Answer:

D

Question 12

Question Type: MultipleChoice

Wellborne HMO provides health-related information to its plan members through an Internet Web site. Laura Knight, a Wellborne plan member, visited Wellborne's Web site to gather uptodate information about the risks and benefits of various treatment option

Options:

- A- shared decision making
- B- self-care

C- preventive care

D- triage

Answer:

A

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