

DUMPS ARENA

Healthcare Management: An Introduction

AHIP AHM-250

Version Demo

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Topic Break Down

Topic	No. of Questions
Topic 1, Volume A	99
Topic 2, Volume B	100
Topic 3, Volume C	168
Total	367

QUESTION NO: 1

Abbreviation for JCAHO is

- A. Joint Coordination on Accreditation of Healthcare Organizations
- B. Joint Commission on Accreditation of Healthcare Organizations
- C. Joint Corporation on Accreditation of Healthcare Organizations
- D. Joint Connection on Accreditation of Healthcare Organizations

ANSWER: B

QUESTION NO: 2

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

ANSWER: B

QUESTION NO: 3

The contract between the Honolulu MCO and Beverley Hills Hospital contains a 90 day cure provision. The Beverley Hills Hospital breached one of the contract requirements on July 31, 2004. The hospital remedied the problem by October 31, 2004. Which of the

- A. The contract would not be terminated as Beverley Hills hospital rectified the problem within 90 days.
- B. The contract would be terminated as Beverley Hills hospital was required to notify Honolulu MCO about the problem at least 90 days in advance.
- C. The contract would be terminated as Beverley Hills hospital was required to rectify the problem within 90 days.
- D. The contract would not be terminated as Beverley Hills hospital may escape adherence to the cure provision.

ANSWER: C

QUESTION NO: 4

One ethical principle in health plans is the principle of non-maleficence, which holds that health plans and their providers:

- A. Should allocate resources in a way that fairly distributes benefits and burdens among the members.
- B. Have a duty to present information honestly and are obligated to honor commitments.
- C. Are obligated not to harm their members.
- D. Should treat each plan member in a manner that respects his or her goals and values.

ANSWER: C**QUESTION NO: 5**

Phoebe Urlich is covered by a traditional indemnity health insurance plan that specifies a \$500 calendar-year deductible and includes a 20% coinsurance provision. When Ms. Ulrich was hospitalized, she incurred \$3,000 in medical expenses that were covered by

- A. 1900
- B. 2000
- C. 2400
- D. 2500

ANSWER: B**QUESTION NO: 6**

Greentree Medical, a health plan, is currently recruiting PCPs in preparation for its expansion into a new service area. Abigail Davis, a recruiter for Greentree, has been meeting with Melissa Cortelyou, M.D., in an effort to recruit her as a PCP in Green

- A. Greentree is prevented by law from offering a contract to Dr. Cortelyou until the credentialing process is complete
- B. any contract signed by Dr. Cortelyou should include a clause requiring the successful completion of the credentialing process within a defined time frame in order for the contract to be effective
- C. Greentree must offer a standard contract to Dr. Cortelyou, without regard to the outcome of the credentialing process
- D. Greentree will abandon the credentialing process now that Dr. Cortelyou has agreed to participate in Greentree's network

ANSWER: B**QUESTION NO: 7**

Many of the credentialing standards and criteria used by health plans are often taken from already existing standards established by

- A. the National Practitioner Data Bank (NPDB)
- B. the National Association of Insurance Commissioners (NAIC)
- C. the Centers for Medicare and Medicaid Services (CMS)
- D. independent accrediting organizations

ANSWER: D

QUESTION NO: 8

The Ark Health Plan, is currently recruiting providers in preparation for its expansion into a new service area. A recruiter for Ark has been meeting with Dr. Nan Shea, a pediatrician who practices in Ark's new service area, in order to convince her to be

- A. Credentialing
- B. Accreditation
- C. A sentinel event
- D. A screening program

ANSWER: A

QUESTION NO: 9

Utilization management techniques that most HMOs use for hospital providers include:

- A. Discharge planning
- B. Case management
- C. Co-payment for office visits
- D. A & B

ANSWER: A B

QUESTION NO: 10

FSA is funded by

- A. Employers

B. Employee

C. A & B

ANSWER: A B

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