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Exam : **AHM-250**

Title : Healthcare Management: An Introduction

Vendor : AHIP

Version : DEMO

NO.1 The main purpose of the Health Plan Employer Data and Information Set (HEDIS) is to provide

- A. expert consultation to end-users for solving specialized and complex healthcare problems through the use of a knowledge-based computer system
- B. a comprehensive accreditation for PPOs
- C. measurements of plan performance and effectiveness that potential healthcare purchasers can use to compare quality offered by different healthcare plans
- D. a mathematical model that can predict future claim payments and premiums

Answer: C

NO.2 Bill the member for the balance of the fee above the maximum allowable amount under the fee schedule reimbursement method

- A. UCR fee
- B. Capitation fee
- C. Balance bill
- D. Discounted fee-for-service

Answer: C

NO.3 Which of the following statements about the Title VII of the Civil Rights Act is WRONG?

- A. Employers with more than 15 employees engaged in interstate commerce need to comply
- B. Pregnancy Discrimination Act (an amendment to this act) requires health plans to provide coverage during childbirth and related medical conditions on the same basis as they provide coverage for other medical conditions
- C. Allows HMOs to set different policies for people from different races, religions, sex or national origin to safeguard their interests.
- D. Protects all employees

Answer: C

NO.4 The measures used to evaluate healthcare quality are generally divided into three categories: process, structure, and outcomes. An example of a process measure that can be used to evaluate a health plan's performance is the:

- A. Percentage of adult plan members who receive regular medical checkups.
- B. Number of plan members contracting an infection in the hospital.
- C. Percentage of board certified physicians within the health plan's network.
- D. Number of hospital admissions for plan members with certain medical conditions.

Answer: A

NO.5 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

NO.6 Medicaid is a jointly funded federal and state program that provides hospital and medical expense coverage to low-income individuals and certain aged and disabled individuals. One characteristic of Medicaid is that

- A. providers who care for Medicaid recipients must accept Medicaid payment as payment in full for services rendered
- B. Medicaid requires recipients to pay deductibles, copayments, and coinsurance amounts for all services
- C. Medicaid is always the primary payer of benefits
- D. benefits offered by Medicaid programs are federally mandated and do not vary by state

Answer: A

NO.7 The Military Health System of the Department of Defense offers ongoing healthcare coverage to military personnel and their families through the

- A. Health Care Quality Improvement Program (HCQIP)
- B. Health Plan Management System (HPMS)
- C. TRICARE healthcare system
- D. Health Care Prepayment Plan (HCPP)

Answer: C

NO.8 According to the IRS, which of the following is not an allowable preventive care service?

- A. Smoking cessation programs.
- B. Periodic health examinations.
- C. Health club memberships.
- D. Immunizations for children and adults.

Answer: C

NO.9 The Oriole MCO uses a typical diagnosis-related groups (DRGs) payment method to reimburse the Isle Hospital for its treatment of Oriole members. Under the DRG payment method, whenever an Oriole member is hospitalized at Isle, Oriole pays Isle

- A. an amount based on the weighted value of each medical procedure or service that Isle provides, and the weighted value is determined by the appropriate current procedural terminology (CPT) code for the procedure or service
- B. a fixed rate based on average expected use of hospital resources in a given geographical area for that DRG
- C. a retrospective reimbursement based on the actual costs of the Oriole member's hospitalization
- D. a specific negotiated amount for each day the Oriole member is hospitalized

Answer: B

NO.10 One true statement regarding ethics and laws is that the values of a community are reflected in

- A. both ethics and laws, and both ethics and laws are enforceable in the court system
- B. both ethics and laws, but only laws are enforceable in the court system
- C. ethics only, but only laws are enforceable in the court system

D. laws only, but both ethics and laws are enforceable in the court system

Answer: B

NO.11 Which of the following statements is true?

- A. A declining economy can lead to lower healthcare costs as a result of an older population with greater healthcare needs.
- B. A larger patient population increases pressure on the health plan to offer larger panels.
- C. Provider networks are not affected by the federal and state laws that apply to health plans
- D. Network management standards established by independent accrediting organizations have no influence on health plan network design.

Answer: B

NO.12 Which of the following statements is NOT a requirement for a service to be deemed a 'medically necessary service'?

- A. Furnished in the least intensive type of medical care setting required by the member's condition.
- B. Solely for the convenience of the member.
- C. In accordance with the standards of good medical practice.
- D. Consistent with the symptoms of the member's condition.

Answer: B

NO.13 In response to the demand for a method of assessing outcomes, accrediting organizations and other government and commercial groups have developed quantitative measures of quality that consumers, purchasers, regulators, and others can use to compare health

- A. quality standards
- B. accreditation decisions
- C. standards of care
- D. performance measures

Answer: D

NO.14 A public employer, such as a municipality or county government would be considered which of the following?

- A. Employer-employee group
- B. Multiple-employer group
- C. Affinity group
- D. Debtor-creditor group

Answer: A

NO.15 Which of the choices below contains the four tools used by marketers that make up the 'promotion mix'?

- 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