

AHM-250^{Q&As}

Healthcare Management: An Introduction

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QUESTION 1

A medical foundation is a not-for-profit entity that purchases and manages physician practices. In order to retain its not-for-profit status, a medical foundation must

- A. Provide significant benefit to the community
- B. Employ, rather than contract with, participating physicians
- C. Achieve economies of scale through facility consolidation and practice management
- D. Refrain from the corporate practice of medicine

Correct Answer: A

QUESTION 2

The National Committee for Quality Assurance (NCQA) is a nonprofit organization that accredits health plans and other healthcare organizations. Under the current NCQA accreditation program, a health plan's accreditation score is determined, in part, by

- A. is a performance-measurement tool designed to help healthcare purchasers and consumers compare quality offered by different plans.
- B. divides performance measures into 8 domains, and organizes reporting measures under these domains.
- C. is updated annually and measures are changed or new measures added.
- D. all of the above

Correct Answer: D

QUESTION 3

In certain situations, a health plan can use the results of utilization review to intervene, if necessary, to alter the course of a plan member's medical care.

- A. Such intervention can be based on the results of
 - B. Prospective review
 - C. Concurrent review
- A. A, B, and C
 - B. A and B only
 - C. A and C only
 - D. B only

Correct Answer: D

QUESTION 4

The following statements are about the underwriting function within a health plan. Select the answer choice containing the correct statement.

- A. The underwriting function in a health plan is primarily concerned with ensuring that the group being underwritten does not include any individuals who are likely to have higher than average utilization of medical services.
- B. Compared to a health plan with relaxed underwriting requirements, a similar health plan with very strict underwriting requirements can expect to experience increased healthcare costs and to have significantly higher plan enrollment.
- C. Typically, a health plan guarantees the premium rate for a group health contract for a period of no more than six months.
- D. In order to determine the actual premium to charge a group, a group underwriter typically considers such factors as level of participation, benefits, and the age and gender distribution of group members.

Correct Answer: D

QUESTION 5

The following statements describe two types, or models, of HMOs:

The Quest HMO has contracted with only one multi-specialty group of physicians. These physicians are employees of the group practice, have an equity interest in the practice, and provide

- A. A captive group a staff model
- B. A captive group a network model
- C. An independent group a network model
- D. An independent group a staff model

Correct Answer: B

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