AHM-250 Q&As

Healthcare Management: An Introduction

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QUESTION 1

An exclusive provider organization (EPO) operates much like a PPO. However, one difference between an EPO and a PPO is that an EPO

A. Is regulated under federal HMO legislation

B. Generally provides no benefits for out-of-network care

C. Has no provider network of physicians

D. Is not subject to state insurance laws

Correct Answer: B

QUESTION 2

Which out of the three is accomplished through precertification?

A. Concurrent review

B. Retrospective review

C. Prospective review

Correct Answer: C

QUESTION 3

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 Islet

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

Correct Answer: B

QUESTION 4

One feature of the Employee Retirement Income Security Act (ERISA) is that it:

A. Requires self-funded employee benefit plans to pay premium taxes at the state level.

B. Contains a pre-emption provision, which typically makes the terms of ERISA take precedence over any state laws that regulate employee welfare benefit plans.

C. Contains strict reporting and disclosure requirements for all employee benefit plans except health plans.

D. Requires that state insurance laws apply to all employee benefit plans except insured plans.

Correct Answer: B

QUESTION 5

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

A. Cost per procedure

B. Concurrent review

C. Cost of review

D. Access requirements

Correct Answer: D