

100% Money Back
Guarantee

Vendor:AHIP

Exam Code:AHM-250

Exam Name:Healthcare Management: An Introduction

Version:Demo

QUESTION 1

The health plan determines what it considers to be the acceptable fee for a service or procedure and the physician agrees to accept that amount as payment in full for the procedure

- A. Usual, Customary, and Reasonable fee
- B. Discounted FFS
- C. Fee Maximum
- D. Relative Value Scale

Correct Answer: B

QUESTION 2

The scandent Health Group contracted with the Empire Corporation to provide behavioral healthcare services to.

Empire employees. As a condition of providing behavioral healthcare services, scandent required Empire to contract with scandent for basic medical services scandent's actions constituted the type of antitrust violation known as a

- A. Horizontal group boycott
- B. Price-fixing agreement
- C. Horizontal division of markets
- D. Tying arrangement

Correct Answer: D

QUESTION 3

By definition, the marketing process of defining a certain place or market niche for a product relative to competitors and their products and then using the marketing mix to attract certain market segments is known as

- A. branding
- B. positioning
- C. database marketing
- D. personal selling

Correct Answer: B

QUESTION 4

The following statement(s) can correctly be made about electronic data interchange (EDI):

- A. EDI differs from eCommerce in that EDI involves back-and-forth exchanges of information concerning individual transactions, whereas eCommerce is the transfer of d
- B. Both A and B
- C. A only
- D. B only
- E. Neither A nor B

Correct Answer: C

QUESTION 5

The following sentence contains an incomplete statement with two missing words. Select the answer choice that contains the words that correctly fill in the missing blanks.

At its core, consumer choice involves empowering healthcare consumers to play a ___

- A. greater/lesser
- B. greater/greater
- C. lesser/greater
- D. lesser/lesser

Correct Answer: B

QUESTION 6

The following programs are part of the Alcove MCO's utilization management (UM) program:

A telephone triage program Preventive care initiatives A shared decision-making program A self-care program

With regard to the UM programs, it is most likely cor

- A. self-care program is intended to complement physicians' services, rather than to supercede or eliminate these services
- B. telephone triage program is staffed by physicians only
- C. shared decision-making program is appropriate for virtually any medical condition
- D. preventive care initiatives include immunization programs but not health promotion programs

Correct Answer: A

QUESTION 7

To determine fee reimbursements to be paid to physicians, the Triangle Health Plan assigns a weighted value to each medical procedure or service and multiplies the weighted value by a money multiplier. Triangle and the providers negotiate the value of the

- A. Diagnosis-related group (DRG) system
- B. Relative value scale (RVS)
- C. Partial capitation arrangement
- D. Capped fee system

Correct Answer: B

QUESTION 8

_____ HMOs can't medically underwrite any group ?incl small groups.

- A. State
- B. Not-for-profit
- C. For-profit
- D. Federally qualified

Correct Answer: B

QUESTION 9

The following sentence contains an incomplete statement with two missing words. Select the answer choice that contains the words that correctly fill the two blanks, respectively. The philosophy of consumer choice involves having consumers play a(n) _____

- A. Decreased ... Increased
- B. Increased ... Decreased
- C. Increased ... Increased
- D. Decreased ... Decreased

Correct Answer: C

QUESTION 10

In accounting terminology, the items of value that a company owns--such as cash, cash equivalents, and receivables--are generally known as the company's

- A. revenue
- B. net income
- C. surplus
- D. assets

Correct Answer: D

QUESTION 11

The situation wherein two hospitals agree to each refuse to contract with a health plan until the health plan ceases contract negotiations with a competing hospital is known as

- A. Horizontal division of markets
- B. Tying arrangements
- C. Horizontal group boycott
- D. Price fixing

Correct Answer: C

QUESTION 12

Before the Hill Health Maintenance Organization (HMO) received a certificate of authority (COA) to operate in State X, it had to meet the state's licensing requirements and financial standards which were established by legislation that is identical to the

- A. Hill had to have an initial net worth of at least \$1.5 million in order to obtain a COA.
- B. The COA most likely exempts Hill from any of State X's enabling statutes.
- C. Hill had to be organized as a partnership in order to obtain a COA
- D. The COA in no way indicates that Hill has demonstrated that it is fiscally sound.

Correct Answer: A