

# AHM-250<sup>Q&As</sup>

Healthcare Management: An Introduction

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#### **QUESTION 1**

Medicare is the federal government program established under Title XVIII of the Social Security Act of 1965 to provide hospital, medical and other covered benefits to elderly and disabled persons. Medicare is available for:

- A. Persons age 63 or older.
- B. Persons with qualifying disabilities (over the age of 63)
- C. Persons with end-stage renal disease (ESRD)
- D. Low income individuals

Correct Answer: C

#### **QUESTION 2**

Members who qualify to participate in a health plan\\'s case management program are typically assigned a case manager. During the course of the member\\'s treatment, the case manager is responsible for

- A. Coordinating and monitoring the member\\'s care
- B. Approve
- C. Both A and B
- D. A only
- E. B only
- F. Neither A nor B

Correct Answer: B

#### **QUESTION 3**

The Hill Health Plan designed a set of benefits that it packaged in the form of a PPO product. Hill then established a pricing structure that allowed its product to compete in the small group market, and it developed advertising designed to inform potential

- A. An indemnity wraparound plan
- B. A self-funded plan
- C. An aggregate stop-loss plan
- D. A fully funded plan

Correct Answer: D



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#### **QUESTION 4**

Federal legislation has placed the primary responsibility for regulating health insurance companies and HMOs that service private sector (commercial) plan members at the state level.

This federal legislation is the

- A. Clayton Act
- B. Federal Trade Commission Act
- C. McCarran-Ferguson Act
- D. Sherman Act

Correct Answer: C

#### **QUESTION 5**

One characteristic of disease management programs is that they typically

- A. focus on individual episodes of medical care rather than on the comprehensive care of the patient over time
- B. are used to coordinate the care of members with any type of disease, either chronic or nonchronic
- C. focus on managing populations of patients who have a specific chronic illness or medical condition, but do not focus on patient populations who are at risk of developing such an illness or condition
- D. use clinical practice processes to standardize the implementation of best practices among providers

Correct Answer: D

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