



AHM-250^{Q&As}

Healthcare Management: An Introduction

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QUESTION 1

One of the most influential pieces of legislation in the advancement of managed care within the United States was the HMO Act of 1973. One provision of the HMO Act of 1973 was that it

- A. emphasized compensating physicians based solely on the volume of medical services they provide
- B. exempted HMOs from all state licensure requirements
- C. established a process under which HMOs could elect to be federally qualified
- D. required federally qualified HMOs to relate premium levels to the health status of the individual enrollee or employer group

Correct Answer: C

QUESTION 2

Which of the following is NOT a reason for conducting utilization reviews?

- A. Improve the quality and cost effectiveness of patient care
- B. Reduce unnecessary practice variations
- C. Make appropriate authorization decisions
- D. Accommodate special requirements of inpatient care

Correct Answer: D

QUESTION 3

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

QUESTION 4

The Citywide Health Group is a large provider-based health plan that includes physician groups, hospitals, and other facilities. In order to oversee and manage the operation of the organization, Citywide has established an enterprise



scheduling system. The

- A. provide information to Citywide's management regarding provider licensure, certification, and malpractice history
- B. detect instances of overutilization, underutilization, or inappropriate utilization of medical resources
- C. allow Citywide's different components to function as a single organization in arranging access to facilities and resources
- D. facilitate the processing of requests for authorization of payment of benefits

Correct Answer: C

QUESTION 5

The Polestar Company's sole business is the ownership of Polaris Medical Group, a health plan and subsidiary of Polestar. Some members of Polestar's board of directors hold positions with Polestar in addition to their positions on the board; the rest are professionals in academia and businesspeople who do not work for Polestar. Dr. Carolyn Porter, a university president, is on Polestar's board. From the following answer choices, select the response containing the term that correctly identifies Polestar's relationship to Polaris and the term that describes the type of board member represented by Dr. Porter

- A. Polestar's relationship to Polaris: partnership: Type of board member: operations director
- B. Polestar's relationship to Polaris: partnership: Type of board member: outside director
- C. Polestar's relationship to Polaris: holding company: Type of board member: operations director
- D. Polestar's relationship to Polaris: holding company: Type of board member: outside director

Correct Answer: D

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