AHM-250 Q&As

Healthcare Management: An Introduction

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QUESTION 1

The agreement by two or more independent competitors on the prices or fees that they will charge for services is known as:

A. Tying arrangements

B. Price fixing

C. Horizontal group boycott

D. Horizontal division of markets

Correct Answer: B

QUESTION 2

The following statements are about the various Health Plan Accountability Models adopted by the NAIC.

A. Under the terms of the Health Plan Network Adequacy Model Act, all health plans would be required to hold covered persons harmless against provider collections and provide continued coverage for uncompleted treatment in the event of plan insolvency

B. The Health Carrier Grievance Procedure Model Act requires all health carriers to maintain a first-level grievance review, but it does not require any second-level review

C. According to the Health Care Professional Credentialing Verification Model Act, a health plan must select all providers who meet the plan\\'s credentialing criteria

D. The Quality Assessment and Improvement Model Act exempts closed plans from implementing a quality improvement program.

Correct Answer: A

QUESTION 3

One non-group market segment to which health plans market health plan products is the senior market, which is comprised mostly of persons over age 65 who are eligible for Medicare benefits. One factor that affects a health plan\\'s efforts to market to the

A. The Centers for Medicare and Medicaid Services (CMS) must approve all marketing materials used by health plans to market health plan products to the Medicare population

B. managed Medicare plans typically require Medicare beneficiaries to purchase Medigap insurance to supplement gaps in coverage

C. managed Medicare plans can refuse to cover persons with certain health problems

D. the CMS prohibits health plans from using telemarketing to market health plan products to the Medicare population

Correct Answer: B

QUESTION 4

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

QUESTION 5

One way in which health plans differ from traditional indemnity plans is that health plans typically

A. provide less extensive benefits than those provided under traditional indemnity plans

B. place a greater emphasis on preventive care than do traditional indemnity plans

C. require members to pay a percentage of the cost of medical services rendered after a claim is filed, rather than a fixed copayment at the time of service as required by indemnity plans

D. contain cost-sharing requirements that result in more out-of-pocket spending by members than do the cost-sharing requirements in traditional indemnity plans

Correct Answer: B