

DUMPS ARENA

Healthcare Management: An Introduction

AHIP AHM-250

Version Demo

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Topic Break Down

Topic	No. of Questions
Topic 1, Volume A	99
Topic 2, Volume B	100
Topic 3, Volume C	168
Total	367

QUESTION NO: 1

The following statement can be correctly made about Medicare Advantage eligibility:

- A. Individuals enrolled in a MA plan must enroll in a stand-alone Part D prescription drug plan.
- B. Individuals enrolled in a MA plan do not have to be eligible for Medicare Part A
- C. Individuals enrolled in an MSA plan or a PFFS plan without Medicare drug coverage can enroll in Medicare Part D.
- D. Individuals can enroll in MA plan in multiple regions.

ANSWER: C**QUESTION NO: 2**

The following statements describe common types of physician/hospital integrated models: (A) The Alpha Company, which is owned by a group of investors, is a for-profit legal entity that buys entire physician practices, not just the tangible assets of the p

- A. Physician hospital organization physician practice management company
- B. Physician practice management company physician hospital organization
- C. Medical foundation management services company
- D. Physician hospital organization medical foundation

ANSWER: B**QUESTION NO: 3**

The Clover Group is a for-profit MCO that operates in the United States. The Valentine Group owns all of Clover's stock. The Valentine Group's sole business is the ownership of controlling interests in the shares of other companies. This information indic

- A. holding company of the Valentine Group
- B. sister corporation of the Valentine Group
- C. parent company of the Valentine Group
- D. subsidiary of the Valentine Group

ANSWER: D

QUESTION NO: 4

FSA is funded by

- A. Employers
- B. Employee
- C. A & B

ANSWER: A B

QUESTION NO: 5

The following statement(s) can correctly be made about the Joint Commission on Accreditation of Healthcare Organizations (JCAHO):

A. JCAHO's accreditation process for MCOs and healthcare networks consists of complete on-site surveys conducted every three

A only

B. Neither A nor B

C. Both A and B

D. B only

ANSWER: A

QUESTION NO: 6

Managed behavioral health organizations (MBHOs) use several strategies to manage the delivery of behavioral healthcare services. The following statements are about these strategies.

Select the answer choice that contains the correct statement.

A. MBHOs generally provide benefits for mental health services but not for chemical dependency services.

B. The level of care needed to treat behavioral disorders is the same for all patients and all disorders.

C. By using outpatient treatment more extensively, MBHOs have decreased the use of costly inpatient therapies.

D. PCP gatekeeper systems for behavioral healthcare generally result in more accurate diagnoses, more effective treatment, and more efficient use of resources than do centralized referral systems.

ANSWER: C

QUESTION NO: 7

The following statements apply to Archer medical savings accounts. Select the answer choice that contains the correct statement.

- A. MSAs were established as a demonstration project under the Medicare Modernization Act.
- B. MSAs were seen as an improvement over FSAs because they are portable, allowing employees to take the funds with them when they change jobs.
- C. The popularity of MSAs has been limited because funds may not be rolled over from year to year.
- D. MSAs are one of the fastest growing Types of Consumer-Directed Health Plans.

ANSWER: B**QUESTION NO: 8**

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

ANSWER: D**QUESTION NO: 9**

Utilization management techniques that most HMOs use for hospital providers include:

- A. Discharge planning
- B. Case management
- C. Co-payment for office visits
- D. A & B

ANSWER: A B**QUESTION NO: 10**

To set up and contribute to an HSA, an individual must:

- A. Be covered by a high-deductible health plan that meets federal requirements.

B. Not have other health insurance.

C. Not be enrolled in Medicare.

D. All of the above.

ANSWER: D