

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

Healthcare Management: An Introduction

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**QUESTION 1**

Health savings accounts were created by which of the following laws:

- A. COBRA
- B. HIPAA
- C. Medicare Modernization Act
- D. None of the Above

Correct Answer: C

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**QUESTION 2**

The National Committee for Quality Assurance (NCQA) is a nonprofit organization that accredits health plans and other healthcare organizations. Under the current NCQA accreditation program, a health plan's accreditation score is determined, in part, by

- A. is a performance-measurement tool designed to help healthcare purchasers and consumers compare quality offered by different plans.
- B. divides performance measures into 8 domains, and organizes reporting measures under these domains.
- C. is updated annually and measures are changed or new measures added.
- D. all of the above

Correct Answer: D

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**QUESTION 3**

The act which requires each group health plan to allow employees and certain dependents to continue their group coverage for a stated period of time following a qualifying event that causes the loss of group health coverage is:

- A. ERISA
- B. COBRA

Correct Answer: B

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**QUESTION 4**

The Blaine Healthcare Corporation seeks to manage its quality by first identifying the best practices and best outcomes for a given procedure. Blaine can then determine areas in which it can emulate the best practices in order to equal or surpass the best

- A. provider profiling

- B. benchmarking
- C. peer review
- D. quality assessment

Correct Answer: B

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#### QUESTION 5

The administrative simplification standards described under Title II of HIPAA include privacy standards to control the use and disclosure of health information. In general, these privacy standards prohibit

- A. all health plans, healthcare providers, and healthcare clearinghouses from using any protected health information for purposes of treatment, payment, or healthcare operations without an individual's written consent
- B. patients from requesting that restrictions be placed on the accessibility and use of protected health information
- C. transmission of individually identifiable health information for purposes other than treatment, payment, or healthcare operations without the individual's written authorization
- D. patients from accessing their medical records and requesting the amendment of incorrect or incomplete information

Correct Answer: D

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