

AHM-250^{Q&As}

Healthcare Management: An Introduction

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QUESTION 1

The following statements are about the accessibility of healthcare coverage and medical care in the United States. Select the answer choice that contains the correct statement.

- A. A person's employment status as a full-time employee guarantees that person access to healthcare coverage.
- B. Most people who have healthcare coverage are covered under an individual insurance policy rather than a group insurance plan.
- C. The percentage of the population without healthcare coverage is evenly distributed throughout the United States.
- D. Hospital closings have occurred disproportionately in rural areas and inner cities and have reduced access to healthcare in these areas.

Correct Answer: D

QUESTION 2

When the Knoll Company purchased group health coverage from the Castle Health Maintenance Organization (HMO), the agreement between the two parties specified that the plan would be a typical fully funded plan. Because Knoll had been covered under a previous

- A. Castle is responsible for paying for all incurred covered benefits
- B. Knoll is solely responsible for guaranteeing claim payments
- C. Knoll makes no premium payments to Castle
- D. Castle has no responsibilities for administering the health plan

Correct Answer: A

QUESTION 3

Lansdale Healthcare, a health plan, offers comprehensive healthcare coverage to its members through a network of physicians, hospitals, and other service providers. Plan members who use in-network services pay a copayment for these services. The copayment

- A. specified dollar amount charge that a plan member must pay out-of-pocket for a specified medical service at the time the service is rendered
- B. percentage of the fees for medical services that a plan member must pay after Magellan has paid its share of the costs of those services
- C. flat amount that a plan member must pay each year before Magellan will make any benefit payments on behalf of the plan member
- D. specified payment for services that was negotiated between the provider and Magellan

Correct Answer: A

QUESTION 4

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

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

Correct Answer: B

QUESTION 5

From the following answer choices, choose the description of the ethical principle that best corresponds to the term Autonomy

A. Health plans and their providers are obligated not to harm their members

B. Health plans and their providers should treat each member in a manner that respects the member's goals and values, and they also have a duty to promote the good of the members as a group

C. Health plans and their providers should allocate resources in a way that fairly distributes benefits and burdens among the members

D. Health plans and their providers have a duty to respect the right of their members to make decisions about the course of their lives

Correct Answer: D

QUESTION 6

In the CPT system, each service or procedure is identified by

A. Three-digit with decimal point

- B. Three-digit
- C. Five-digit with decimal point
- D. Five-digit

Correct Answer: D

QUESTION 7

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 8

The Koster Company plans to purchase a health plan for its employees from Intuitive HMO. Intuitive will administer the plan and will bear the responsibility of guaranteeing claim payments by paying all incurred covered benefits. Koster will pay for the he

- A. fully funded plan
- B. stop-loss plan
- C. self-pay plan
- D. self-funded plan

Correct Answer: A

QUESTION 9

Most contracts between health plans and providers contain a provision which forbids providers from seeking compensation from patients if the health plan fails to compensate the provider because of insolvency or for any other reason. Such a provision is kn

- A. due process provision

- B. cure provision
- C. hold-harmless provision
- D. risk-sharing provision

Correct Answer: C

QUESTION 10

A medical foundation is a not-for-profit entity that purchases and manages physician practices. In order to retain its not-for-profit status, a medical foundation must

- A. Provide significant benefit to the community
- B. Employ, rather than contract with, participating physicians
- C. Achieve economies of scale through facility consolidation and practice management
- D. Refrain from the corporate practice of medicine

Correct Answer: A

QUESTION 11

Which of the following job descriptions best match the job of a telephone triage staff member?

- A. Check patient vitals, write prescriptions, administer drugs.
- B. Greet patients at the door, collect insurance information, schedule appointments, collect payments.
- C. Determine urgency of the condition, notify emergency department, schedule appointments, authorize referrals, provide self-care information.
- D. None of the above.

Correct Answer: C

QUESTION 12

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. The number of specialists in Hill's network of providers.
- B. The price for the PPO product.
- C. Hill's ability to report utilization data.
- D. Hill's use of brokers to market its PPO product.

Correct Answer: B

QUESTION 13

The provision of mental health and chemical dependency services is collectively known as behavioral healthcare. The following statements are about behavioral healthcare. Three of these statements are true and one statement is false. Select the answer choice

- A. Factors that have increased the demand for behavioral healthcare services include increased stress on individuals and families and the increasing availability of behavioral healthcare services.
- B. To manage the delivery of behavioral healthcare services, managed behavioral health organizations (MBHOs) use only two basic strategies: alternative treatment levels and crisis intervention.
- C. The treatment approaches for behavioral healthcare most often include drug therapy, psychotherapy, and counseling.
- D. The development of alternative treatment options, incorporation of community-based resources into the healthcare system, and increased reliance on case management have shifted the emphasis of managed behavioral healthcare from meeting the service needs of

Correct Answer: B

QUESTION 14

Medicare Part C can be delivered by the following Medicare Advantage plans:

- A. HCCP, HMO, PPO (local or regional), PFFS or MSA.
- B. CCPs, PFFS or MSA.
- C. HMO, HSA, PPO (local or regional), PFFS or MSA.
- D. HMO, PPO (local or regional), POS, or MSA.

Correct Answer: B

QUESTION 15

In accounting terminology, the items of value that a company owns--such as cash, cash equivalents, and receivables--are generally known as the company's

- A. revenue
- B. net income
- C. surplus
- D. assets

Correct Answer: D

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