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## Q&A

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**Exam** : **AHM-250**

**Title** : Healthcare Management:  
An Introduction

**Version** : DEMO

1.The following statements describe two types, or models, of HMOs:

The Quest HMO has contracted with only one multi-specialty group of physicians. These physicians are employees of the group practice, have an equity interest in the practice, and provide

- A. A captive group a staff model
- B. A captive group a network model
- C. An independent group a network model
- D. An independent group a staff model

**Answer: B**

2. \_\_\_\_\_ HMOs can't medically underwrite any group – incl small groups.

- A. State
- B. Not-for-profit
- C. For-profit
- D. Federally qualified

**Answer: B**

3.A common physician-only integrated model is a group practice without walls (GPWW). One characteristic of a typical GPWW is that the

- A. GPWW combines multiple independent physician practices under one umbrella organization
- B. GPWW generally has a lesser degree of integration than does an IPA
- C. member physicians cannot own the GPWW
- D. GPWW's member physicians must perform their own business operations

**Answer: A**

4.A health plan may use one of several types of community rating methods to set premiums for a health plan. The following statements are about community rating. Select the answer choice containing the correct statement.

- A. Standard (pure) community rating is typically used for large groups because it is the most competitive rating method for large groups.
- B. Under standard (pure) community rating, a health plan charges all employers or other group sponsors the same dollar amount for a given level of medical benefits or health plan, without adjusting for factors such as age, gender, or experience.
- C. In using the adjusted community rating (ACR) method, a health plan must consider the actual experience of a group in developing premium rates for that group.
- D. The Centers for Medicare and Medicaid Services (CMS) prohibits health plans that assume Medicare risk from using the adjusted community rating (ACR) me

**Answer: B**

5.A health plan's ability to establish an effective provider network depends on the characteristics of the proposed service area and the needs of proposed plan members. It is generally correct to say that

- A. health plans have more contracting options if providers are affiliated with single entities than if providers are affiliated with multiple entities
- B. urban areas offer more flexibility in provider contracting than do rural areas
- C. consumers and purchasers in markets with little health plan activity are likely to be more receptive to

HMOs than to loosely managed plans such as PPOs

D. large employers tend to adopt health plans more slowly than do small companies

**Answer: B**