



AHM-540^{Q&As}

Medical Management

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QUESTION 1

The following statements are about risk management for case management. Three of the statements are true and one is false. Select the answer choice containing the FALSE statement.

- A. The use of a signed consent authorization form is consistent with accrediting agency standards for patient privacy and confidentiality of medical information.
- B. Case management that is initiated after a member has incurred substantial medical expenses is more likely to be viewed as a tool to cut costs rather than to improve outcomes.
- C. Health plan documents indicating that any case management delegates are separate, independent entities may reduce an health plan's exposure to risk.
- D. A case management file cannot be used to support the health plan's position in the event of a lawsuit.

Correct Answer: D

QUESTION 2

For this question, if answer choices (A) through (C) are all correct, select answer choice (D). Otherwise, select the one correct answer choice.

In most commercial health plans, the case management process is directed by a case manager whose responsibilities typically include

- A. focusing on a disabled member's vocational rehabilitation and training
- B. approving all care decisions for patients under case management
- C. reducing the fragmentation of care that often results when individuals obtain services from several different providers
- D. all of the above

Correct Answer: C

QUESTION 3

This agency has authority over Programs of All-inclusive Care for the Elderly (PACE) and the State Children's Health Insurance Program (SCHIP).

- A. Health Resources and Services Administration (HRSA)
- B. Office of Personnel Management (OPM)
- C. Department of Health and Human Services (HHS)
- D. Department of Justice (DOJ)

Correct Answer: C



QUESTION 4

For this question, if answer choices (A) through (C) are all correct, select answer choice (D). Otherwise, select the one correct answer choice.

The QAPI (Quality Assessment Performance Improvement Program) is a Centers for Medicaid and Medicare Services (CMS) initiative designed to strengthen health plans' efforts to protect and improve the health and satisfaction of Medicare beneficiaries. QAPI quality assessment standards apply to

- A. standard medical-surgical services
- B. mental health and substance abuse services
- C. services offered to Medicare enrollees as optional supplementary benefits
- D. all of the above

Correct Answer: D

QUESTION 5

Performance variance can be classified as either common cause variance or special cause variance. The following statement(s) can correctly be made about special cause variance:

1. Inadequate staffing levels, employee errors, and equipment malfunctions are examples of special cause variance
2. Special cause variance is typically more difficult to detect and correct than is common cause variance

- A. Both 1 and 2
- B. 1 only
- C. 2 only
- D. Neither 1 nor 2

Correct Answer: B

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