



# AHM-540<sup>Q&As</sup>

Medical Management

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### QUESTION 1

To measure performance for quality management, health plans collect and analyze three types of data: financial data, clinical data, and customer satisfaction data. The following statement(s) can correctly be made about the sources of clinical data:

1. Patient surveys are the most widely used source of disease-specific clinical information
2. Outcomes research studies sponsored by academic institutions and professional organizations have limited usefulness for particular health plans or individual providers
3. The SF-36 and the HSQ-39 (Health Status Questionnaire) surveys address both physical and mental health status

- A. All of the above
- B. 1 and 2 only
- C. 2 and 3 only
- D. 3 only

Correct Answer: C

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### QUESTION 2

Health plans conduct evaluations on the efficiency and effectiveness of their quality improvement activities. With regard to the effectiveness of quality improvement plans, it is correct to say that

- A. effectiveness is the relationship between what the organization puts into an improvement plan and what it gets out of the plan
- B. effectiveness is measured by reviewing outcomes to determine the accuracy or appropriateness of the strategy and the adequacy of resources allocated to that strategy
- C. the effectiveness of an action plan is typically measured with a concurrent evaluation
- D. an evaluation of plan effectiveness produces one of two results: the plan either (a) achieved the desired outcomes or (b) did not achieve the desired outcomes and is unlikely to do so under current conditions

Correct Answer: B

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### QUESTION 3

Determine whether the following statement is true or false:

The utilization review (UR) process produces the greatest number of case management referrals.

- A. True
- B. False



Correct Answer: A

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#### QUESTION 4

The paragraph below contains two pairs of terms in parentheses. Determine which term in each pair correctly completes the paragraph. Then select the answer choice containing the two terms that you have chosen.

Health plans use both internal and external standards to assess the quality of the services that they provide. (Internal / External) standards are based on information such as published industry-wide averages or best practices of recognized industry leaders. Health plans primarily rely on (internal / external) standards to evaluate healthcare services.

- A. Internal / internal
- B. Internal / external
- C. External / internal
- D. External / external

Correct Answer: D

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#### QUESTION 5

The following statements are about health plans' complaint resolution procedures (CRPs). Three of the statements are true and one is false. Select the answer choice containing the FALSE statement.

- A. An health plan's CRPs reduce the likelihood of errors in decision making.
- B. CRPs typically provide for at least two levels of appeal for formal appeals.
- C. CRPs include only formal appeals and do not apply to informal complaints.
- D. Most complaints are resolved without proceeding through the entire CRP process.

Correct Answer: C

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