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Medical Management

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QUESTION 1

Accreditation is intended to help purchasers and consumers make decisions about healthcare coverage.

The following statements are about accreditation. Select the answer choice containing the correct statement.

- A. At the request of health plans, accrediting agencies gather the data needed for accreditation.
- B. Most purchasers and consumers review accreditation results when making decisions to purchase or enroll in a specific health plan.
- C. Accreditation is typically conducted by independent, not-for-profit organizations.
- D. All health plans are required to participate in the accreditation process.

Correct Answer: C

QUESTION 2

The Mental Health Parity Act (MHPA) of 1996 is a federal law that establishes requirements for behavioral healthcare coverage for group plan members. The MHPA

- A. requires health plans to offer mental health benefits to all eligible members
- B. prohibits health plans that offer mental health benefits from imposing lower annual or lifetime dollar limits on mental illnesses than they do on physical illnesses
- C. provides an exemption for health plans that can demonstrate cost savings of more than 1 percent
- D. prohibits health plans from limiting the number of outpatient visits or inpatient days covered under the plan

Correct Answer: B

QUESTION 3

Health plans that offer healthcare programs for Medicare beneficiaries have a strong financial incentive for identifying high-risk seniors as early as possible. The identification of high-risk seniors is typically accomplished through the use of

- A. case management
- B. geriatric evaluation and management (GEM)
- C. intervention identification
- D. interdisciplinary home care (IHC)

Correct Answer: C

QUESTION 4



The Quality Assessment Performance Improvement (QAPI) is a quality initiative designed to strengthen health plans' efforts to protect and improve the health and satisfaction of Medicare and Medicaid health plan enrollees. The Centers for Medicare and Medicaid Services (CMS) requires compliance with QAPI from

- A. both Medicare+Choice plans and Medicaid health plans
- B. Medicare+Choice plans only
- C. Medicaid health plans only
- D. neither Medicare+Choice plans nor Medicaid health plans

Correct Answer: B

QUESTION 5

The following statements are about the characteristics of a utilization review (UR) program. Three of the statements are true and one is false. Select the answer choice containing the FALSE statement.

- A. A primary goal of UR is to address practice variations through the application of uniform standards and guidelines.
- B. UR evaluates whether the services recommended by a member's provider are covered under the benefit plan.
- C. UR recommends the procedures that providers should perform for plan members.
- D. A health plan's UR program is usually subject to review and approval by the state insurance and/or health departments.

Correct Answer: C

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