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Medical Management

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QUESTION 1

By definition, the development and implementation of parameters for the delivery of healthcare services to a health plan's members is known as

- A. utilization management (UM)
- B. quality management (QM)
- C. care management
- D. clinical practice management

Correct Answer: D

QUESTION 2

Recent laws and regulations have established new requirements for Medicaid eligibility. The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 affected Medicaid eligibility by

- A. severing the link between Medicaid and public assistance
- B. eliminating the need for applications for Medicaid and public assistance
- C. allowing states to provide healthcare benefits to groups outside the traditional Medicaid population
- D. providing supplemental funding for dual eligibles in the form of five-year block grants

Correct Answer: A

QUESTION 3

Step-therapy is a form of prior authorization that reserves the use of more expensive medications for cases in which the use of less expensive medications has been unsuccessful. Step-therapy is appropriate for situations in which

1. A significant percentage of those treated with the initial therapy will require the second therapy
 2. The delay created when a patient moves from one therapy to the next therapy will not cause serious or permanent effects
- A. Both 1 and 2
 - B. 1 only
 - C. 2 only
 - D. Neither 1 nor 2

Correct Answer: C



QUESTION 4

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

QUESTION 5

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

The process for collecting and analyzing data differs for quality assessment (QA) and quality improvement (QI). For QA, data collection focuses on (objective / both objective and subjective) data, and data analysis identifies the (degree / cause) of variance.

- A. objective / degree
- B. objective / cause
- C. both objective and subjective / degree
- D. both objective and subjective / cause

Correct Answer: A

QUESTION 6

This agency's accreditation decisions are based on the results of an on-site survey of clinical and administrative systems and processes, as well as the health plan's performance on selected effectiveness of care and member satisfaction measures.

- A. American Accreditation HealthCare Commission/URAC (URAC)
- B. Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- C. Community Health Accreditation Program (CHAP)
- D. National Committee for Quality Assurance (NCQA)

Correct Answer: D



QUESTION 7

Nilay Sharma suffered a small wound while working in his yard and was taken to a local hospital for treatment. A triage nurse at the hospital evaluated Mr. Sharma's condition and directed him to an outpatient unit in the hospital where a physician assistant examined, cleaned, and sutured the wound. Mr. Sharma returned home following treatment. The care Mr. Sharma received at the hospital is an example of the type of care known as

- A. specialty referral
- B. primary prevention
- C. urgent care
- D. emergency care

Correct Answer: C

QUESTION 8

Many health plans use HRA to target their preventive care programs to the healthcare needs of their members. With regard to HRA, it is correct to say that

- A. Health plans rarely delegate HRA activities to external entities
- B. Health plans typically focus their HRA efforts on newly enrolled members
- C. HRA focuses on clinical data for an entire population and does not include demographic information that might identify individual members
- D. HRA is generally a reliable predictor of medical resource utilization

Correct Answer: B

QUESTION 9

The case management team at the Hightower Health Plan reviewed the medical records of the following two plan members to determine the type of care each one needs and the most appropriate setting for that care:

Ira Morton was hospitalized for a severe stroke. Although his medical condition is stable, the stroke left him partially paralyzed and he will require extensive rehabilitation and 24-hour medical care.

Theresa Finley is recovering from a total hip replacement and is in need of short-term physical therapy and twice-weekly visits from a licensed nurse to check her blood pressure and the healing of her incision.

From the answer choices below, select the response that correctly identifies the level of care that would be most appropriate for Mr. Morton and Ms. Finley.

- A. Mr. Morton-acute care Ms. Finley-subacute care
- B. Mr. Morton-palliative care Ms. Finley-acute care



C. Mr. Morton-subacute care Ms. Finley-skilled care

D. Mr. Morton-skilled care Ms. Finley-palliative care

Correct Answer: C

QUESTION 10

The paragraph below contains an incomplete statement. Select the answer choice containing the term that correctly completes the paragraph.

Medical management programs often require the analysis of many types of data and information. _____ is an automated process that analyzes variables to help detect patterns and relationships in the data.

A. Unbundling

B. Outsourcing

C. Data mining

D. Drilling down

Correct Answer: C

QUESTION 11

Skilled nursing facilities (SNFs) are required by law to have formal programs for quality improvement and to monitor these programs using established standards. These requirements are described in 1.The Omnibus Budget Reconciliation Act (OBRA) of 1986 2.The Balanced Budget Act (BBA) of 1997

A. Both 1 and 2

B. 1 only

C. 2 only

D. Neither 1 or 2

Correct Answer: B

QUESTION 12

The delivery of quality, cost-effective healthcare is a primary goal of both group healthcare and workers' compensation programs. One difference between group healthcare and workers' compensation is that workers' compensation

A. provides health and disability benefits to employees injured on the job only if the employer is at fault for the injury

B. provides coverage for a variety of direct and indirect healthcare, disability, and workplace costs

C. manages costs by including employee cost-sharing features in its benefit design



D. places limits on benefits by restricting the amount of benefit payments or the number of covered hospital days or provider office visits

Correct Answer: B

QUESTION 13

In recent years, the demand for prescription drugs has increased dramatically. Factors that have contributed to this increase include

- A. increased education regarding the purpose and benefits of drug formularies
- B. reductions in the cost of prescription drugs
- C. increased use of direct-to-consumer (DTC) advertising
- D. all of the above

Correct Answer: C

QUESTION 14

The nature of behavioral healthcare creates unique medical management challenges for health plans. One method health plans have used to support the delivery of appropriate services in a cost-effective manner is to

- A. remove behavioral healthcare services from the primary care setting
- B. shift behavioral healthcare from acute inpatient settings to alternative settings when feasible
- C. reserve the use of psychotherapy for treatment of those conditions that persist over long periods of time or for the life of the patient
- D. offer the same level of compensation to all of the professional disciplines that provide behavioral healthcare services to plan members

Correct Answer: B

QUESTION 15

Adele Stanley, a member of the Greenhouse Health Plan, recently went to a network pharmacy to have a prescription filled. The pharmacist informed Ms. Stanley that the prescribed drug was not in the plan formulary and that reimbursement for the drug was not available except in extraordinary circumstances. The pharmacist asked Ms. Stanley if she would accept a generic substitute.

If Ms. Stanley agrees to the generic substitution, she will receive a drug that

- A. has not been tested for safety and efficacy in large clinical trials
- B. is available without a prescription at a reasonable cost
- C. has been classified by the Food and Drug Administration (FDA) as safe, but that has not been proven fully effective



D. contains active ingredients that are identical to those of the prescribed brand-name drug

Correct Answer: D

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