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Medical Management

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QUESTION 1

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 2

The case management program director at the Nova Health Plan calculated the program's ratio of medical expense savings to case management administrative costs for the previous quarter based on the following cost information:

Administrative costs for case management\$40,000 Actual medical care expenses for patients under case management\$680,000 Projected medical care expenses for the same patients without case management\$900,000 This information indicates that, for the previous quarter, Nova's ratio of medical expense savings to case

management administrative costs was

- A. 0.71/1
- B. 0.80/1
- C. 5.50/1
- D. 1.25/1

Correct Answer: C

QUESTION 3

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

To manage the delivery of healthcare services to their members, health plans use clinical practice parameters. _____ is the type of clinical practice parameter that a health plan uses to make coverage decisions concerning medical necessity and appropriateness.

- A. A clinical practice guideline (CPG)
- B. Medical policy
- C. Benefits administration policy

D. A standard of care

Correct Answer: B

QUESTION 4

The following statement(s) can correctly be made about accrediting agency standards for delegation:

1.
The National Committee for Quality Assurance (NCQA) allows health plans to delegate all medical management functions, including the responsibility to perform delegation oversight activities

2.
In some cases, accreditation standards for delegation oversight are reduced if the delegate has already been certified or accredited by the delegator's accrediting agency

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

Correct Answer: C

QUESTION 5

The following statements describe situations in which health plan members have medical problems that require care. Select the statement that describes a situation in which self-care most likely would not be appropriate.

- A. Two days after bruising her leg, Avis Bennet notices that the pain from the bruise has increased and that there are red streaks and swelling around the bruised area.
- B. Calvin Dodd has Type II diabetes and requires blood glucose monitoring tests several times each day.
- C. Caroline Evans has severe arthritis that requires regular exercise and oral medication to reduce pain and help her maintain mobility.
- D. Oscar Gracken is recovering from a heart attack and requires ongoing cardiac rehabilitation.

Correct Answer: A

QUESTION 6

Elaine Newman suffered an acute asthma attack and was taken to a hospital emergency department for treatment. Because Ms. Newman's condition had not improved enough following treatment to warrant immediate release, she was transferred to an observation care unit. Transferring Ms. Newman to the observation care unit most likely

- A. resulted in unnecessarily expensive charges for treatment
- B. prevented Ms. Newman from receiving immediate attention for her condition
- C. gave Ms. Newman access to more effective and efficient treatment than she could have obtained from other providers in the same region
- D. allowed clinical staff an opportunity to determine whether Ms. Newman required hospitalization without actually admitting her

Correct Answer: D

QUESTION 7

Most health plans require a PCP referral or precertification for CAM benefits.

- A. True
- B. False

Correct Answer: B

QUESTION 8

As a follow-up to a performance improvement plan for member services, the Stellar Health Plan conducted an evaluation of the success of the plan. Stellar conducted its evaluation as the plan was being carried out. The evaluation focused on specific activities and assessed the relative importance of those activities to the plan as a whole. This information indicates that Stellar's evaluation of the plan was both

- A. concurrent and formative
- B. concurrent and summative
- C. retrospective and formative
- D. retrospective and summative

Correct Answer: A

QUESTION 9

Readiness is an important consideration for the development of health promotion programs. Readiness refers to

- A. the availability of previously established health promotion programs to a health plan's members through employers, providers, or community service agencies
- B. the appropriateness of a program's educational approach, given the language, literacy level, and cultural sensitivities of the target population
- C. a member's level of knowledge about existing health risks and problems and the member's ability and willingness to adopt new health-related behaviors

D. a member's access to information technology, such as a video cassette recorder, a computer, or the Internet

Correct Answer: C

QUESTION 10

All states have laws describing the conditions under which pharmacists can substitute a generic drug for a brand-name drug. With respect to these laws, it is correct to say that in every state,

- A. pharmacists must obtain physician approval before substituting generics for brand-name drugs
- B. pharmacists must obtain authorization from the health plan before substituting generics for brand-name drugs
- C. prescribers must obtain authorization from the health plan before prescribing a brand-name drug
- D. prescribers have some mechanism that allows them to prevent pharmacists from substituting generics for brand-name drugs

Correct Answer: D

QUESTION 11

The Riverside Health Plan is considering the following provider compensation options to use in its contracts with several provider groups and hospitals:

1.
A discounted fee-for-service (DFFS) payment system
2.
A case rate system
3.
Capitation

If Riverside wants to use only those compensation methods that encourage the efficient use of resources, then the compensation method(s) that Riverside should consider for its new contracts include

- A. 1, 2, and 3
- B. 1 and 2 only
- C. 2 and 3 only
- D. 3 only

Correct Answer: C

QUESTION 12

The Carlyle Health Plan uses the following clinical outcome measures to evaluate its diabetes and asthma disease management programs:

Measure 1: The percentage of diabetic patients who receive foot exams from their providers according to the program's recommended guidelines
Measure 2: The number of asthma patients who visited emergency departments for acute asthma attacks

From the answer choices below, select the response that correctly identifies whether these measures are true outcome measures or intermediate outcome measures. Measure 1- Measure 2

- A. Measure 1-true outcome measure Measure 2-true outcome measure
- B. Measure 1-true outcome measure Measure 2-intermediate outcome measure
- C. Measure 1-intermediate outcome measure Measure 2-true outcome measure
- D. Measure 1-intermediate outcome measure Measure 2-intermediate outcome measure

Correct Answer: C

QUESTION 13

To facilitate electronic commerce (eCommerce), a health plan may establish a secured extranet. One true statement about a secured extranet is that it is

- A. based on Web-based technologies
- B. available only to the employees of the health plan
- C. publicly available, so the potential exists for unauthorized access to a health plan's proprietary systems
- D. used to handle the majority of health plan eCommerce

Correct Answer: A

QUESTION 14

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

QUESTION 15

The following statement(s) can correctly be made about utilization guidelines:

1. When developing utilization guidelines, health plans balance evidence-based criteria with experience-based criteria
 2. Utilization guidelines indicate when a UR nurse should refer a decision to a physician reviewer
- A. Both 1 and 2
- B. 1 only
- C. 2 only
- D. Neither 1 nor 2

Correct Answer: A

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