

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

Medical Management

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#### QUESTION 1

PBMs are accredited by the same organizations that accredit health plans.

- A. True
- B. False

Correct Answer: B

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#### QUESTION 2

Increased demands for performance information have resulted in the development of various health plan report cards. With respect to most of the report cards currently available, it is correct to say

- A. that they are focused primarily on health maintenance organization (HMO) plans
- B. that they are based on data collected for the Health Plan Employer Data and Information Set (HEDIS)

3.0

- C. that they are used to rank the performance of various health plans
- D. all of the above

Correct Answer: D

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#### QUESTION 3

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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#### QUESTION 4

MCOs usually have a formal program for the oversight of delegated activities. The following statements concern typical delegation oversight programs. Select the answer choice containing the correct statement.

- A. A letter of intent is the contractual document that describes the delegated functions and the responsibilities of the MCO and the delegate.
- B. In most cases, the evaluation of a candidate for delegation is based entirely on the candidate's application and supporting documentation and does not include an on-site assessment of the candidate.
- C. Under most delegation agreements, an MCO cannot terminate the agreement before the end date stated in the agreement.
- D. One objective for a delegation oversight program is to integrate any delegated activities into the MCO's overall programs for medical management and other functions.

Correct Answer: D

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#### QUESTION 5

Demetrius Farrell, age 82, is suffering from a terminal illness and has consulted his health plan about the care options available to him. In order to avoid unwanted, futile interventions, Mr. Farrell signed an advance directive that indicates the types of end-of-life medical treatment he wants to receive. His family is to use this document as a guide should Mr. Farrell become incapacitated.

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

Decisions regarding Mr. Farrell's end-of-life care are legally the right and responsibility of

- A. Mr. Farrell and his family
- B. Mr. Farrell's physician
- C. Mr. Farrell's health plan
- D. All of the above

Correct Answer: A

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#### QUESTION 6

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 7

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

Calvin Montrose, age 75, has difficulty performing basic self-care activities, such as bathing, dressing, and eating, without assistance. This information indicates that Mr. Montrose needs assistance with (activities of daily living / instrumental activities of daily living) that are used to measure his (functional status / health status).

- A. activities of daily living / functional status
- B. activities of daily living / health status
- C. instrumental activities of daily living / functional status
- D. instrumental activities of daily living / health status

Correct Answer: A

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### QUESTION 8

Home healthcare encompasses a wide variety of medical, social, and support services delivered at the homes of patients who are disabled, chronically ill, or terminally ill. The time period(s) when health plans typically use home healthcare include

- 1. The period prior to a hospital admission
  - 2. The period following discharge from a hospital
- A. Both 1 and 2
  - B. 1 only
  - C. 2 only
  - D. Neither 1 nor 2

Correct Answer: A

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### QUESTION 9

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

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#### QUESTION 10

Breanna Osborn is a case manager for a regional health plan. One component of Ms. Osborn's job is the collection and evaluation of medical, financial, social, and psychosocial information about a member's situation. This component of Ms. Osborn's job is known as

- A. case identification
- B. case management planning
- C. healthcare coordination
- D. case assessment

Correct Answer: D

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#### QUESTION 11

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

- A. The focus of disease management is on responding to the needs of individual members for extensive, customized healthcare supervision.
- B. Disease management programs serve to improve both clinical and financial outcomes for healthcare services related to chronic conditions.
- C. Tools such as preventive care, self-care, and decision support programs are used to support both case management and disease management.
- D. Disease management programs apply to both diseases and medical conditions that are not diseases, such as high-risk pregnancy, severe burns, and trauma.

Correct Answer: A

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#### QUESTION 12

The Noble Health Plan conducted a cost/benefit analysis of the following four prescription drugs: BenefitCost

Drug A \$525 \$350

Drug B \$450 \$250 Drug C \$400 \$200 Drug D \$350 \$100 According to this analysis, the drug that represents the most efficient use of resources is

- A. Drug A

B. Drug B

C. Drug C

D. Drug D

Correct Answer: D

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### QUESTION 13

Health plans often use accreditation as a means of evaluating the quality of care delivered to plan members. Accreditation of subacute care providers is available from the

A. National Committee for Quality Assurance (NCQA)

B. Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

C. American Accreditation HealthCare Commission/URAC (URAC)

D. Foundation for Accountability (FACCT)

Correct Answer: B

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### QUESTION 14

Determine whether the following statement is true or false:

All health plans participating in the Federal Employee Health Benefits Program (FEHBP) are required to use the Consumer Assessment of Health Plans (CAHPS) to measure customer satisfaction.

A. True

B. False

Correct Answer: A

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### QUESTION 15

This agency oversees the Federal Employee Health Benefits Program (FEHBP).

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: B

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