

AHM-540^{Q&As}

Medical Management

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QUESTION 1

Health plan performance measures include structure measures, process measures, and outcome measures. The following statements are about the characteristics of these three types of performance measures. Three of the statements are true and one is false. Select the answer choice containing the FALSE statement.

- A. The most widely used structure measures relate to physician education and training.
- B. One advantage of structure measures over process measures is that structures are often linked directly to healthcare outcomes.
- C. Process measures are useful in identifying underuse, overuse, and inappropriate use of services.
- D. One disadvantage of outcome measures is that they can be influenced by factors outside the control of the health plan.

Correct Answer: B

QUESTION 2

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 3

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 4

Patient safety and medical errors are important concerns for both quality management (QM) and risk management. The following statement(s) can correctly be made about medical errors:

- 1.The complexity of modern medicine and healthcare delivery systems increases patients\\' exposure to the risks of medical errors
- 2.Licensing boards for healthcare professionals in all states provide a consistent system of quality oversight and accountability
- 3.Provider compliance with internal incident reporting requirements is low

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

Correct Answer: C

QUESTION 5

For this question, if answer choices (a) through (c) are all correct, select answer choice (d). Otherwise, select the one correct answer choice.

Well-crafted clinical practice guidelines (CPGs) can benefit healthcare delivery processes and outcomes by

- A. providing a framework for care while also allowing for patient-specific variations, based on physician judgment
- B. serving as a basis for evaluating whether providers are practicing in accordance with accepted standards
- C. focusing on the prevention or early detection of a particular condition
- D. all of the above

Correct Answer: D

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