

AHM-540^{Q&As}

Medical Management

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QUESTION 1

Health plans have a specified number of working days to respond to Level One appeals, as stated by company policy or regulatory requirements. With regard to the timeframes for appeals, it is generally correct to say

1. That the typical timeframe requires a health plan to respond to appeals in fewer than 20 days
2. That the timeframe is accelerated for expedited appeals
3. That the review period begins when the appeal arrives at a health plan

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

Correct Answer: D

QUESTION 2

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

The Balanced Budget Act (BBA) of 1997 established the use of _____ to determine coverage of emergency services for Medicare and Medicaid enrollees in health plans.

- A. utilization management standards
- B. the prudent layperson standard
- C. preauthorization
- D. diagnosis-based retrospective review

Correct Answer: B

QUESTION 3

The following statement(s) can correctly be made about the scope of case management:

- 1. Case management incorporates activities that may fall outside a health plan's typical responsibilities, such as assessing a member's financial situation
- 2. Case management generally requires a less comprehensive and complex approach to a course of care than does utilization review
- 3. Case management is currently applicable only to medical conditions that require inpatient hospital care and are categorized as catastrophic in terms of health and/or costs

- A. All of the above

B. 1 and 2 only

C. 2 and 3 only

D. 1 only

Correct Answer: D

QUESTION 4

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

A. True

B. False

Correct Answer: B

QUESTION 5

Various government and independent agencies have created tools to measure and report the quality of healthcare. One performance measurement tool that was developed by the Agency for Healthcare Research and Quality (AHRQ) is

A. the Health Plan Employer Data and Information Set (HEDIS), which is a report card system for hospitals and long-term care facilities

B. HEDIS, which is a performance measurement tool that addresses both effectiveness of care and plan member satisfaction

C. the Consumer Assessment of Health Plans (CAHPS), which was established to develop and implement a national strategy for quality measurement and reporting

D. CAHPS, which is a tool that measures consumer satisfaction with specific aspects of health plan services

Correct Answer: D

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