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AHM Medical Management Exam

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QUESTION NO: 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

Answer: D

Explanation:

QUESTION NO: 2

Determine whether the following statement is true or false:

With respect to the size of a managed care organization (MCO) and its medical management operations, it is correct to say that large health plans typically have more integration among activities and less specialization of roles than do small MCOs.

- A. True
- B. False

Answer: B

Explanation:

QUESTION NO: 3

With respect to the activities of MCO medical directors, it is correct to say that medical directors typically perform all of the following activities EXCEPT

- A. maintaining clinical practices
- B. delivering performance feedback to providers
- C. participating in utilization management (UM) activities
- D. educating other MCO staff about new clinical developments or provider innovations that might impact clinical practice management

Answer: A

Explanation:

QUESTION NO: 4

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

Under a delegation arrangement, the (delegate / delegator) is responsible for performing the delegated function according to established standards, and the (delegate / delegator) is ultimately accountable for any deficiencies in the performance of the function.

- A. delegate / delegate
- B. delegate / delegator
- C. delegator / delegate
- D. delegator / delegator

Answer: B

Explanation:

QUESTION NO: 5

Determine whether the following statement is true or false:

The delegation of medical management functions to providers can occur without the transfer of financial risk.

- A. True
- B. False

Answer: A

Explanation:

QUESTION NO: 6

For this question, if answer choices (1) through (3) are all correct, select answer choice (4). Otherwise, select the one correct answer choice.

Health plans sometimes delegate selected medical management activities to their providers or other external entities. Activities that are frequently delegated include

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- A. utilization review (UR)
 - B. quality management (QM)
 - C. preventive health services
 - D. all of the above

Answer: A

Explanation:

QUESTION NO: 7

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.

Answer: D

Explanation:

QUESTION NO: 8

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