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Medical Management

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QUESTION 1

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

QUESTION 2

Adele Stanley, a member of the Greenhouse Health Plan, recently went to a network pharmacy to have a prescription filled. The pharmacist informed Ms. Stanley that the prescribed drug was not in the plan formulary and that reimbursement for the drug was not available except in extraordinary circumstances. The pharmacist asked Ms. Stanley if she would accept a generic substitute.

If Ms. Stanley agrees to the generic substitution, she will receive a drug that

- A. has not been tested for safety and efficacy in large clinical trials
- B. is available without a prescription at a reasonable cost
- C. has been classified by the Food and Drug Administration (FDA) as safe, but that has not been proven fully effective
- D. contains active ingredients that are identical to those of the prescribed brand-name drug

Correct Answer: D

QUESTION 3

The Garnet Health Plan uses provider profiling to measure and improve provider performance. Provider profiling most likely allows Garnet to

- A. evaluate all providers without considering differences in risk
- B. focus on specific clinical decisions of Garnet's providers rather than on patterns of care
- C. identify the outliers and high-value providers in its provider network
- D. measure the effectiveness, but not the efficiency, of Garnet's providers

Correct Answer: C

QUESTION 4



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

Definitions of quality healthcare vary; however, four dimensions are essential to quality healthcare services.

_____ is the quality dimension indicating that services result in the best care for a given cost or the lowest cost for a given level of care.

- A. Accessibility
- B. Effectiveness
- C. Acceptability
- D. Efficiency

Correct Answer: D

QUESTION 5

Health plans that choose to contract with external organizations for pharmacy services typically contract with pharmacy benefit managers (PBMs). Functions that a PBM typically performs for a health plan include 1.Managing the costs of prescription drugs

2.Promoting efficient and safe drug use 3.Determining the health plan\\'s internal management responsibilities for pharmacy services

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

Correct Answer: B

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