



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

Medical Management

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### QUESTION 1

Three general categories of coverage policy--medical policy, benefits administration policy, and administrative policy--are used in conjunction with purchaser contracts to determine a health plan's coverage of healthcare services and supplies. With respect to the characteristics of the three types of coverage policy, it is correct to say that a health plan's

- A. medical policy evaluates clinical services against specific benefits language rather than against scientific evidence
- B. benefits administration policy determines whether a particular service is experimental or investigational
- C. benefits administration policy focuses on both clinical and nonclinical coverage issues
- D. administrative policy contains the guidelines to be followed when handling member and provider complaints and disputes

Correct Answer: D

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### QUESTION 2

To improve members' abilities to make appropriate care decisions about specific medical problems, some health plans use a form of decision support known as telephone triage programs. The following statements are about telephone triage programs. Select the answer choice containing the correct statement.

- A. The primary role of telephone triage clinical staff is to diagnose the caller's condition and give medical advice.
- B. Quality management (QM) for telephone triage programs typically focuses on the clinical information provided rather than on the quality of service.
- C. Currently, none of the major accrediting agencies offers an accreditation program specifically for telephone triage programs.
- D. A telephone triage program may also include a self-care component.

Correct Answer: B

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### QUESTION 3

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 4

To see that utilization guidelines are consistently applied, UR programs rely on authorization systems. Determine whether the following statement about authorization systems is true or false:

Only physicians can make nonauthorization decisions based on medical necessity.

- A. True
- B. False

Correct Answer: A

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#### QUESTION 5

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

To manage the delivery of healthcare services to their members, health plans use clinical practice parameters. \_\_\_\_\_ is the type of clinical practice parameter that a health plan uses to make coverage decisions concerning medical necessity and appropriateness.

- A. A clinical practice guideline (CPG)
- B. Medical policy
- C. Benefits administration policy
- D. A standard of care

Correct Answer: B

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