



AHM-540^{Q&As}

Medical Management

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QUESTION 1

CMS has developed two prototype programs--Programs of All-inclusive Care for the Elderly (PACE) and the Social Health Maintenance Organization (SHMO) demonstration project--to deliver healthcare services to Medicare beneficiaries. From the answer choices below, select the response that correctly identifies the features of these programs.

- A. PACE-annual limits on benefits for nursing home and community-based care SHMO-no limits on longterm care benefits
- B. PACE-provide long-term care only SHMO-provide acute and long-term care
- C. PACE-enrollees must be age 65 or older SHMO-enrollees must be age 55 or older
- D. PACE-enrollment open to nursing home certifiable Medicare beneficiaries only SHMO- enrollment open to all Medicare beneficiaries

Correct Answer: D

QUESTION 2

Drugs included in a health plan's formulary can be classified according to how freely they can be prescribed. By definition, a drug that requires some sort of review or approval by a plan physician or group

of physicians before the prescription can be filled is

- A. an unrestricted drug
- B. a monitored drug
- C. a restricted drug
- D. a conditional drug

Correct Answer: B

QUESTION 3

The nature of behavioral healthcare creates unique medical management challenges for health plans. One method health plans have used to support the delivery of appropriate services in a cost-effective manner is to

- A. remove behavioral healthcare services from the primary care setting
- B. shift behavioral healthcare from acute inpatient settings to alternative settings when feasible
- C. reserve the use of psychotherapy for treatment of those conditions that persist over long periods of time or for the life of the patient
- D. offer the same level of compensation to all of the professional disciplines that provide behavioral healthcare services to plan members



Correct Answer: B

QUESTION 4

For this question, if answer choices (A) through (C) are all correct, select answer choice (D). Otherwise, select the one correct answer choice.

The QAPI (Quality Assessment Performance Improvement Program) is a Centers for Medicaid and Medicare Services (CMS) initiative designed to strengthen health plans' efforts to protect and improve the health and satisfaction of Medicare beneficiaries. QAPI quality assessment standards apply to

- A. standard medical-surgical services
- B. mental health and substance abuse services
- C. services offered to Medicare enrollees as optional supplementary benefits
- D. all of the above

Correct Answer: D

QUESTION 5

Among this agency's accreditation programs are accreditation for preferred provider organizations (PPOs), health plan call centers, and case management organizations. This agency classifies its standards as either "shall" standards or "should" standards.

- A. American Accreditation HealthCare Commission/URAC (URAC)
- B. Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- C. Community Health Accreditation Program (CHAP)
- D. National Committee for Quality Assurance (NCQA)

Correct Answer: A

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