

# DUMPS ARENA

## Medical Management

AHIP AHM-540

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**QUESTION NO: 1**

A health plan's coverage policies are linked to its purchaser contracts. The following statement(s) can correctly be made about the purchaser contract and coverage decisions:

1. In case of conflict between the purchaser contract and a health plan's medical policy or benefits administration policy, the contract takes precedence
2. Purchaser contracts commonly exclude custodial care from their coverage of services and supplies
3. All of the criteria for coverage decisions must be included in the purchaser contract

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

**ANSWER: B****QUESTION NO: 2**

Nilay Sharma suffered a small wound while working in his yard and was taken to a local hospital for treatment. A triage nurse at the hospital evaluated Mr. Sharma's condition and directed him to an outpatient unit in the hospital where a physician assistant examined, cleaned, and sutured the wound. Mr. Sharma returned home following treatment. The care Mr. Sharma received at the hospital is an example of the type of care known as

- A. specialty referral
- B. primary prevention
- C. urgent care
- D. emergency care

**ANSWER: C****QUESTION NO: 3**

Many health plans use HRA to target their preventive care programs to the healthcare needs of their members. With regard to HRA, it is correct to say that

- A. Health plans rarely delegate HRA activities to external entities
- B. Health plans typically focus their HRA efforts on newly enrolled members

- C. HRA focuses on clinical data for an entire population and does not include demographic information that might identify individual members
- D. HRA is generally a reliable predictor of medical resource utilization

**ANSWER: B**

**QUESTION NO: 4**

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.

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

Greenhouse's prescription drug reimbursement policy indicates that the plan formulary is classified as (open / closed), and that compliance by patients and providers is (mandatory / voluntary).

- A. open / mandatory
- B. open / voluntary
- C. closed / mandatory
- D. closed / voluntary

**ANSWER: C**

**QUESTION NO: 5**

Economically, health plans cannot provide coverage for every drug available from every manufacturer. As a result, purchaser contracts often include provisions specifying that certain drugs or drug types will not be covered. These provisions are referred to as

- A. limitations
- B. exceptions
- C. exclusions
- D. drug edits

**ANSWER: C**

**QUESTION NO: 6**

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

**ANSWER: D**

### QUESTION NO: 7

To measure performance for quality management, health plans collect and analyze three types of data: financial data, clinical data, and customer satisfaction data. The following statement(s) can correctly be made about the sources of clinical data:

1. Patient surveys are the most widely used source of disease-specific clinical information
  2. Outcomes research studies sponsored by academic institutions and professional organizations have limited usefulness for particular health plans or individual providers
  3. The SF-36 and the HSQ-39 (Health Status Questionnaire) surveys address both physical and mental health status
- A. All of the above
  - B. 1 and 2 only
  - C. 2 and 3 only
  - D. 3 only

**ANSWER: C**

### QUESTION NO: 8

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

**ANSWER: D**

**QUESTION NO: 9**

The Harbor Health Plan's formulary policy encourages network pharmacists who are asked to fill a prescription for a costly, brand-name drug to dispense a different chemical entity within the same drug class in order to reduce costs. This type of drug substitution is referred to as

- A. generic substitution, and prescriber approval is not required
- B. generic substitution, and prescriber approval is always required
- C. therapeutic substitution, and prescriber approval is not required
- D. therapeutic substitution, and prescriber approval is always required

**ANSWER: D**

**QUESTION NO: 10**

Determine whether the following statement is true or false:

The key to successfully managing the quality and cost-effectiveness of healthcare services for Medicaid enrollees is to merge Medicaid recipients into existing plans.

- A. True
- B. False

**ANSWER: B**