

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

Medical Management

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### QUESTION 1

Health plans have a specified number of working days to respond to Level One appeals, as stated by company policy or regulatory requirements. With regard to the timeframes for appeals, it is generally correct to say

1. That the typical timeframe requires a health plan to respond to appeals in fewer than 20 days  
2. That the timeframe is accelerated for expedited appeals  
3. That the review period begins when the appeal arrives at a health plan

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

Correct Answer: D

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### QUESTION 2

Health plans communicate proposed performance changes through action statements. Select the answer choice containing an action statement that includes all of the required elements.

- A. The proportion of adult members who are screened for hypertension will increase by ten percent.
- B. Primary care providers (PCPs) will increase the proportion of children under the age of two who are up-to-date on immunizations by seven percent within one year.
- C. The QM program director will evaluate the level of provider compliance with clinical practice guidelines (CPGs).
- D. The disease management program director will increase participation by asthmatic children in the health plan's pediatric asthma disease management program.

Correct Answer: B

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### QUESTION 3

Home healthcare encompasses a wide variety of medical, social, and support services delivered at the homes of patients who are disabled, chronically ill, or terminally ill. The time period(s) when health plans typically use home healthcare include

- 1. The period prior to a hospital admission
- 2. The period following discharge from a hospital

- A. Both 1 and 2
- B. 1 only
- C. 2 only

D. Neither 1 nor 2

Correct Answer: A

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**QUESTION 4**

In order for a health plan's performance-based quality improvement programs to be effective, the desired outcomes must be

- A. achievable within a specified timeframe
- B. defined in terms of multiple results
- C. expressed in subjective, qualitative terms
- D. all of the above

Correct Answer: A

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**QUESTION 5**

The following statements are about the characteristics of a utilization review (UR) program. Three of the statements are true and one is false. Select the answer choice containing the FALSE statement.

- A. A primary goal of UR is to address practice variations through the application of uniform standards and guidelines.
- B. UR evaluates whether the services recommended by a member's provider are covered under the benefit plan.
- C. UR recommends the procedures that providers should perform for plan members.
- D. A health plan's UR program is usually subject to review and approval by the state insurance and/or health departments.

Correct Answer: C

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