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Medical Management

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QUESTION 1

This agency has authority over Programs of All-inclusive Care for the Elderly (PACE) and the State Children's Health Insurance Program (SCHIP).

- 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: C

QUESTION 2

DUR can be conducted prospectively, concurrently, or retrospectively. One true statement about prospective DUR is that it

- A. involves periodic audits of the medical records of a certain group of patients
- B. is based on historical data
- C. focuses on the drug therapy for a single patient rather than overall usage patterns
- D. is conducted by physicians, without input from pharmacists

Correct Answer: C

QUESTION 3

Comparing the quality of managed Medicare programs with the quality of FFS Medicare programs is often difficult. Unlike FFS Medicare, managed Medicare programs

- A. can measure and report quality only at the provider level
- B. use a single system to deliver services to all plan members
- C. provide an organizational focus for accountability
- D. can use the same performance measures for all products and plans

Correct Answer: C

QUESTION 4

All states have laws describing the conditions under which pharmacists can substitute a generic drug for a brand-name drug. With respect to these laws, it is correct to say that in every state,

- A. pharmacists must obtain physician approval before substituting generics for brand-name drugs
- B. pharmacists must obtain authorization from the health plan before substituting generics for brand-name drugs
- C. prescribers must obtain authorization from the health plan before prescribing a brand- name drug
- D. prescribers have some mechanism that allows them to prevent pharmacists from substituting generics for brand-name drugs

Correct Answer: D

QUESTION 5

This agency's accreditation decisions are based on the results of an on-site survey of clinical and administrative systems and processes, as well as the health plan's performance on selected effectiveness of care and member satisfaction measures.

- 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: D

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