AHIP

Exam AHM-540

Medical Management

Version: 4.0

[Total Questions: 163]

Question No : 1

One method of transferring the information in electronic medical records (EMRs) is through a health information network (HIN). The following statements are about HINs. Three of the statements are true and one is false. Select the answer choice containing the FALSE statement.

A. A HIN may afford a health plan better measurements of outcomes and provider performance.
B. The use of a HIN typically increases a health plan's exposure to liability for poor care.
C. Most HINs are Internet-based rather than built on proprietary computer networks.
D. Currently, the majority of health plans do not have HINs that are capable of transferring medical records among their network providers.

Answer: B

Question No : 2

One true statement about state regulation of case management activities is that the majority of states

A. have enacted laws that list specific quality management requirements for a case management program
B. consider case management files to be medical records that must be retained for a specified length of time
C. view case management similarly and follow similar patterns with their laws and regulations
D. have enacted laws or regulations requiring licensure or certification of case managers

Answer: B

Question No : 3

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 long-term 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

Answer: D

Question No : 4

The American Accreditation HealthCare Commission/URAC (URAC) has an accreditation program specifically for case management services. From the answer choices below, select the response that correctly identifies the type(s) of case management services addressed by URAC's standards and the type(s) of organizations to which these standards may be applied.

A. Type(s) of Services-on-site services only Type(s) of Organization-health plans only
B. Type(s) of Services-on-site services only Type(s) of Organization-any organization that performs case management functions
C. Type(s) of Services-both telephonic and on-site services Type(s) of Organization-health plans only
D. Type(s) of Services-both telephonic and on-site services Type(s) of Organization-any organization that performs case management functions

Answer: D

Question No : 5

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

Medical management programs often require the analysis of many types of data and information. _____ is an automated process that analyzes variables to help detect patterns and relationships in the data.

A. Unbundling
B. Outsourcing
C. Data mining
D. Drilling down

Answer: C

Question No : 6

Elaine Newman suffered an acute asthma attack and was taken to a hospital emergency department for treatment. Because Ms. Newman's condition had not improved enough following treatment to warrant immediate release, she was transferred to an observation care unit. Transferring Ms. Newman to the observation care unit most likely

A. resulted in unnecessarily expensive charges for treatment
B. prevented Ms. Newman from receiving immediate attention for her condition
C. gave Ms. Newman access to more effective and efficient treatment than she could have obtained from other providers in the same region
D. allowed clinical staff an opportunity to determine whether Ms. Newman required hospitalization without actually admitting her

Answer: D

Question No : 7

The following statements describe situations in which health plan members have medical problems that require care. Select the statement that describes a situation in which self-care most likely would not be appropriate.

A. Two days after bruising her leg, Avis Bennet notices that the pain from the bruise has increased and that there are red streaks and swelling around the bruised area.
B. Calvin Dodd has Type II diabetes and requires blood glucose monitoring tests several times each day.
C. Caroline Evans has severe arthritis that requires regular exercise and oral medication to reduce pain and help her maintain mobility.
D. Oscar Gracken is recovering from a heart attack and requires ongoing cardiac rehabilitation.

Answer: A

Question No : 8

The following statement(s) can correctly be made about medical management considerations for the Federal Employee Health Benefits Program (FEHBP):

1.FEHBP plan members who have exhausted the health plan's usual appeals process for a disputed decision can request an independent review by the Office of Personnel Management (OPM)

2.All health plans that cover federal employees are required to develop and implement patient safety initiatives

A. Both 1 and 2
B. 1 only
C. 2 only
D. Neither 1 nor 2

Answer: A

Question No : 9

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 : 10

The following statements are about health plans' complaint resolution procedures (CRPs). Three of the statements are true and one is false. Select the answer choice containing the FALSE statement.

A. An health plan's CRPs reduce the likelihood of errors in decision making.
B. CRPs typically provide for at least two levels of appeal for formal appeals.
C. CRPs include only formal appeals and do not apply to informal complaints.
D. Most complaints are resolved without proceeding through the entire CRP process.

Answer: C

Question No : 11

Health plans that offer complementary and alternative medicine (CAM) services face potential liability because many types of CAM services

A. must be offered as separate supplemental benefits or separate products
B. lack clinical trials to evaluate their safety and effectiveness
C. are not covered by state or federal consumer protection statutes
D. focus on a specific illness, injury, or symptom rather than on the whole body

Answer: B

Question No : 12

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

Answer: A

Question No : 13

The following statement(s) can correctly be made about performance measurement systems:

1.The most difficult purpose for a performance measurement system to address is to measure changes in outcomes caused by modifications in administrative or clinical

treatment processes

2.A health plan needs different performance measurement systems to evaluate its administrative services and the clinical performance of its providers

A. Both 1 and 2
B. 1 only
C. 2 only
D. Neither 1 nor 2

Answer: C

Question No : 14

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

Answer: A

Question No : 15

Designing effective medical management programs for Medicare beneficiaries requires an understanding of the unique health needs of the Medicare population. One characteristic of Medicare beneficiaries is that they typically

A. do not experience mental health problems
B. consume more than half of all prescription drugs
C. are likely to equate quality with the technical aspects of clinical procedures
D. require longer and more costly recovery periods following acute illnesses or injuries than does the general population

Answer: D

Question No : 16

The following statements are about disease management programs. Three of the statements are true and one is false. Select the answer choice containing the FALSE statement.

A. The focus of disease management is on responding to the needs of individual members for extensive, customized healthcare supervision.
B. Disease management programs serve to improve both clinical and financial outcomes for healthcare services related to chronic conditions.
C. Tools such as preventive care, self-care, and decision support programs are used to support both case management and disease management.
D. Disease management programs apply to both diseases and medical conditions that are not diseases, such as high-risk pregnancy, severe burns, and trauma.

Answer: A

Question No : 17

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

Many health plans use data warehouses to assist with the performance of medical management activities. With respect to the characteristics of data warehouses, it is generally correct to say

A. that the construction of a data warehouse is quick and simple
B. that a data warehouse addresses the problems associated with multiple data management systems
C. that a data warehouse stores only current data
D. all of the above

Answer: B

Question No : 18

The Riverside Health Plan is considering the following provider compensation options to use in its contracts with several provider groups and hospitals:

1. A discounted fee-for-service (DFFS) payment system

2. A case rate system

3. Capitation

If Riverside wants to use only those compensation methods that encourage the efficient use of resources, then the compensation method(s) that Riverside should consider for its new contracts include

A. 1, 2, and 3
B. 1 and 2 only
C. 2 and 3 only
D. 3 only

Answer: C

Question No : 19

In order to achieve changes in outcomes, health plans make changes to existing structures and processes. The introduction of preauthorization as an attempt to control overuse of services is an example of a reactive change. Reactive changes are typically

A. both planned and controlled
B. planned, but they are rarely controlled
C. controlled, but they are rarely planned
D. neither planned nor controlled

Answer: C

Question No : 20

Increased demands for performance information have resulted in the development of various health plan report cards. With respect to most of the report cards currently available, it is correct to say

A. that they are focused primarily on health maintenance organization (HMO) plans

B. that they are based on data collected for the Health Plan Employer Data and Information Set (HEDIS) 3.0
C. that they are used to rank the performance of various health plans
D. all of the above

Answer: D

Question No : 21

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

Answer: C

Question No : 22

Most health plans require a PCP referral or precertification for CAM benefits.

A. True
B. False

Answer: B

Question No : 23

Patricia McLeod is a member of the Enterprise Health Plan, which operates in State X. Ms. McLeod is scheduled to undergo a unilateral mastectomy for the treatment of breast cancer. The surgical procedure will be performed by Dr. Kim Lee, a surgical oncologist. Based on Enterprise's medical policy, the contract with the purchaser, and Ms. McLeod's medical condition, Enterprise's UR staff have determined that the appropriate course of care for Ms.

McLeod includes a 24-hour stay in the hospital following her surgery. State X, however,