AHIP AHM-540 Practice Questions

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Question 1

Question Type: MultipleChoice

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

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

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

Options:

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

Answer:

C

Question 2

Question Type: MultipleChoice

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

Options:

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

Answer:

C

Question 3

Question Type: MultipleChoice

Health plans often use accreditation as a means of evaluating the quality of care delivered to plan members. Accreditation of subacute care providers is available from the

Options:

A- National Committee for Quality Assurance (NCQA)
B- Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
C- American Accreditation HealthCare Commission/URAC (URAC)
D- Foundation for Accountability (FACCT)

Answer:

B

Question 4

Question Type: MultipleChoice

Readiness is an important consideration for the development of health promotion programs. Readiness refers to

Options:

A- the availability of previously established health promotion programs to an health plan's members through employers, providers, or community service agencies
B- the appropriateness of a program's educational approach, given the language, literacy level, and cultural sensitivities of the target population
C- a member's level of knowledge about existing health risks and problems and the member's ability and willingness to adopt new health-related behaviors
D- a member's access to information technology, such as a video cassette recorder, a computer, or the Internet

Answer:

C

Question 5

Question Type: MultipleChoice

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

Options:

A- The use of a signed consent authorization form is consistent with accrediting agency standards for patient privacy and confidentiality of medical information.
B- Case management that is initiated after a member has incurred substantial medical expenses is more likely to be viewed as a tool to cut costs rather than to improve outcomes.
C- Health plan documents indicating that any case management delegates are separate, independent entities may reduce an health plan's exposure to risk.
D- A case management file cannot be used to support the health plan's position in the event of a lawsuit.

Answer:

D

Question 6

Question Type: MultipleChoice

The Carlyle Health Plan uses the following clinical outcome measures to evaluate its diabetes and asthma disease management programs: Measure 1: The percentage of diabetic patients who receive foot exams from their providers according to the program's recommended guidelines Measure 2: The number of asthma patients who visited emergency departments for acute asthma attacks

From the answer choices below, Choose the response that correctly identifies whether these measures are true outcome measures or intermediate outcome measures. Measure 1- Measure 2

Options:

A- Measure 1-true outcome measure Measure 2-true outcome measure
B- Measure 1-true outcome measure Measure 2-intermediate outcome measure
C- Measure 1-intermediate outcome measure Measure 2-true outcome measure
D- Measure 1-intermediate outcome measure Measure 2-intermediate outcome measure

Answer:

C

Question 7

Question Type: MultipleChoice

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

In most commercial health plans, the case management process is directed by a case manager whose responsibilities typically include

Options:

A- focusing on a disabled member's vocational rehabilitation and training
B- approving all care decisions for patients under case management
C- reducing the fragmentation of care that often results when individuals obtain services from several different providers
D- High-risk processes most often involve medical interventions or treatment plans for acute illnesses or case management processes for complex conditions.

Answer:

C

Question 8

Question Type: MultipleChoice

The Mental Health Parity Act (MHPA) of 1996 is a federal law that establishes requirements for behavioral healthcare coverage for group plan members. The MHPA

Options:

A- requires health plans to offer mental health benefits to all eligible members
B- prohibits health plans that offer mental health benefits from imposing lower annual or lifetime dollar limits on mental illnesses than they do on physical illnesses
C- provides an exemption for health plans that can demonstrate cost savings of more than 1 percent
D- prohibits health plans from limiting the number of outpatient visits or inpatient days covered

under the plan

Answer:

B

Question 9

Question Type: MultipleChoice

The Glenway Health Plan's pharmacy and therapeutics (P&T) committee conducted pharmacoeconomic research to measure both the clinical outcomes and costs of two new cholesterol-reducing drugs. Results were presented as a ratio showing the cost required to produce a 1 mcg/l decrease in cholesterol levels. The type of pharmacoeconomic research that Glenway conducted in this situation was most likely

Options:

A- cost-effectiveness analysis (CEA)
B- cost-minimization analysis (CMA)
C- cost-utility analysis (CUA)
D- cost of illness analysis (COI)

Answer:

A

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