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## Question 1

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### Question Type: MultipleChoice

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The following statements are about chronic and disabling conditions among children eligible for Medicaid. Three of the statements are true and one is false. Select the answer choice containing the FALSE statement.

#### Options:

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- A-** Children with chronic conditions use more physician and nonphysician professional services than do children in the general population.
- B-** The majority of chronic conditions affecting children in Medicaid programs are the same as those affecting children in the general population.
- C-** Medicaid-eligible children are at risk for serious mental and physical conditions.
- D-** Children in Medicaid programs have a higher incidence of chronic disabling conditions than do children in the general population.

#### Answer:

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B

## Question 2

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**Question Type: MultipleChoice**

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The Medicaid population can be divided into subgroups based on their relative size and the costs of providing benefits. From the answer choices below, select the response that correctly identifies the subgroups that represent the largest percentages of the total Medicaid population and of total Medicaid expenditures. Largest % of Medicaid Population- Largest % of Medicaid Expenditures-

**Options:**

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- A-** Largest % of Medicaid Population-dual eligibles Largest % of Medicaid Expenditures-children and low-income adults
- B-** Largest % of Medicaid Population-chronically ill or disabled individuals not eligible for MedicareLargest % of Medicaid Expenditures-dual eligibles
- C-** Largest % of Medicaid Population-children and low-income adults Largest % of Medicaid Expenditures-chronically ill or disabled individuals not eligible for Medicare
- D-** Largest % of Medicaid Population-chronically ill or disabled individuals not eligible for Medicare Largest % of Medicaid Expenditures-children and low-income adults

**Answer:**

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C

**Question 3**

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**Question Type: MultipleChoice**

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The following statements are about QAPI as it applies to Medicare+Choice plans and Medicaid health plan entities. Select the answer choice containing the correct statement.

**Options:**

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- A-** QAPI provides separate sets of standards for Medicaid MCEs and Medicare+Choice plans.
- B-** Medicaid primary care case management (PCCM) programs are required to comply with all QAPI standards.
- C-** QISMC standards for quality measurement and improvement apply only to clinical services delivered to Medicare and Medicaid enrollees.
- D-** States that require Medicaid MCEs to comply with QAPI standards are considered to be in compliance with CMS quality assessment and improvement regulations.

**Answer:**

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D

## Question 4

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**Question Type: MultipleChoice**

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The BBA of 1997 allows states to provide Medicaid benefits to children through the State Children's Health Insurance Program (SCHIP). Under the terms of the BBA, states can implement SCHIP as

Part of their existing Medicaid programs

Separate commercial insurance programs

**Options:**

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**A-** Both 1 and 2

**B-** 1 only

**C-** 2 only

**D-** Neither 1 nor 2

**Answer:**

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A

## Question 5

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**Question Type:** MultipleChoice

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Health plans that offer healthcare programs for Medicare beneficiaries have a strong financial incentive for identifying high-risk seniors as early as possible. The identification of high-risk seniors is typically accomplished through the use of

**Options:**

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- A- case management
- B- geriatric evaluation and management (GEM)
- C- intervention identification
- D- interdisciplinary home care (IHC)

**Answer:**

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C

## Question 6

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**Question Type:** MultipleChoice

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The paragraph below contains two pairs of phrases enclosed in parentheses. Select the phrase in each pair that correctly completes the paragraph. Then select the answer choice containing the two phrases you have selected.

Calvin Montrose, age 75, has difficulty performing basic self-care activities, such as bathing, dressing, and eating, without assistance. This information indicates that Mr. Montrose needs assistance with (activities of daily living / instrumental activities of daily living) that are used to measure his (functional status / health status).

**Options:**

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- A- activities of daily living / functional status
- B- activities of daily living / health status
- C- instrumental activities of daily living / functional status
- D- instrumental activities of daily living / health status

**Answer:**

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A

## Question 7

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**Question Type: MultipleChoice**

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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

**Options:**

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**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:**

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D

## Question 8

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**Question Type:** MultipleChoice

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

**Options:**

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- 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:**

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C

## Question 9

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**Question Type:** MultipleChoice

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

The QAPI (Quality Assessment Performance Improvement Program) is a Centers for Medicaid and Medicare Services (CMS) initiative designed to strengthen health plans' efforts to protect and improve the health and satisfaction of Medicare beneficiaries. QAPI quality assessment standards apply to

**Options:**

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- A- standard medical-surgical services
- B- mental health and substance abuse services
- C- services offered to Medicare enrollees as optional supplementary benefits
- D- all of the above

**Answer:**

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D

## Question 10

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**Question Type:** MultipleChoice

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Since its inception, Medicare has undergone a number of changes because of legal and regulatory action. One result of the Balanced Budget Act (BBA) of 1997 has been to

**Options:**

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- A- expand Medicare benefits by mandating coverage for certain preventive services
- B- reduce the number of organizations that can deliver covered services

- C- encourage growth of managed Medicare programs in all markets
- D- increase the number of "zero premium" plans available to Medicare beneficiaries

**Answer:**

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A

## Question 11

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**Question Type: MultipleChoice**

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Medicare beneficiaries can obtain healthcare benefits through fee-for-service (FFS) Medicare programs, Medicare medical savings account (MSA) plans, Medigap insurance, or coordinated care plans (CCPs). Unlike other coverage options, CCPs

**Options:**

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- A- provide only those benefits covered by Medicare Part A and Part B
- B- are not subject to federal or state regulation
- C- place primary care at the center of the delivery system
- D- are structured as indemnity plans

**Answer:**

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C

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