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Question 1

Question Type: MultipleChoice

The following activities are the responsibility of either the Nova Health Plan's risk management department or its medical management department:

Options:

- A-** Protecting Nova's members against harm from medical care
- B-** Improving the overall health status of Nova members by coordinating care across individual episodes of care and the different providers who treat the member
- C-** Protecting Nova against financial loss associated with the delivery of healthcare
- D-** Establishing outreach programs to encourage the use of preventive health services by Nova's members of these activities, the ones that are more likely to be the responsibility of Nova's risk management department rather than its medical management department are activities:
- E-** A, B, and C
- F-** A, C, and D
- G-** A and C
- H-** B and D

Answer:

C

Question 2

Question Type: MultipleChoice

The following statements are about the organization of network management functions of health plans. Select the answer choice containing the correct response:

Options:

- A-** Compared to a large health plan, a small health plan typically has more integration among its network management activities and less specialization of roles.
- B-** It is usually more efficient to have a large health plan's provider relations representatives located in the health plan's corporate headquarters rather than based in regional locations that are close to the provider offices the representatives cover.
- C-** An health plan's provider relations representatives are usually responsible for conducting an initial orientation of providers and educating providers about health plan developments, rather than recruiting and assisting with the selection of new providers.
- D-** In general, a health plan that uses a centralized approach for some of its network management activities should not use a decentralized approach for other network management activities.

Answer:

A

Question 3

Question Type: MultipleChoice

The provider contract that the Canyon health plan has with Dr. Nicole Enberg specifies that she cannot sue or file any claims against a Canyon plan member for covered services, even if Canyon becomes insolvent or fails to meet its financial obligations. The contract also specifies that Canyon will compensate her under a typical discounted fee-for-service (DFFS) payment system.

During its recredentialing of Dr. Enberg, Canyon developed a report that helped the health plan determine how well she met Canyon's standards. The report included cumulative performance data for Dr. Enberg and encompassed all measurable aspects of her performance. This report included such information as the number of hospital admissions Dr. Enberg had and the number of referrals she made outside of Canyon's provider network during a specified period. Canyon also used process measures, structural measures, and outcomes measures to evaluate Dr. Enberg's performance.

The report that helped Canyon determine how well Dr. Enberg met the health plan's standards is known as:

Options:

A- An encounter report

- B- An external standards report
- C- A provider profile
- D- An access to care report

Answer:

C

Question 4

Question Type: MultipleChoice

Member satisfaction surveys help a health plan determine whether its providers are consistently delivering services to plan members in a manner that lives up to member expectations. Member satisfaction surveys allow the health plan to gather information about

Options:

- A- A member's reaction to services received during a specific encounter
- B- The reactions of specific subsets of the health plan's membership
- C- Members' positive and negative experience with the plan's services

D- All of the above

Answer:

D

Question 5

Question Type: MultipleChoice

The Edgewood Health Plan uses a combination of structural, process, outcomes, and customer satisfaction measures to evaluate its network providers' performance. Edgewood would correctly use outcomes measures to evaluate a provider's

Options:

- A-** Compliance with specific regulatory or accrediting requirement
- B-** Appropriate use of specified procedures
- C-** Patient progress following treatment
- D-** Patient perceptions about how well the provider addresses medical problems

Answer:

C

Question 6

Question Type: MultipleChoice

Dr. Sylvia Cimer and Dr. Andrew Donne are obstetrician/gynecologists who participate in the same provider network. Dr. Comer treats a large number of high-risk patients, whereas Dr. Donne's patients are generally healthy and rarely present complications. As a result, Dr. Comer typically uses medical resources at a much higher rate than does Dr. Donne. In order to equitably compare Dr. Comer's performance with Dr. Donne's performance, the health plan modified its evaluation to account for differences in the providers' patient populations and treatment protocols. The health plan modified Dr. Comer's and Dr. Donne's performance data by means of

Options:

- A- Acase mix/severity adjustment
- B- An external performance standard
- C- Structural measures
- D- Behavior modification

Answer:

A

Question 7

Question Type: MultipleChoice

The Azure Health Plan strives to ensure for its plan members the best possible level of care from its providers. In order to maintain such high standards, Azure uses a variety of quantitative and qualitative (behavioral) measures to determine the effectiveness of its providers. Azure then compares the clinical and operational practices of its providers with those of other providers outside the network, with the goal of identifying and implementing the practices that lead to the best outcomes.

The comparative method of evaluation that Azure uses to identify and implement the practices that lead to the best outcomes is known as

Options:

- A- Case mix analysis
- B- Outcomes research
- C- Benchmarking
- D- Provider profiling

Answer:

C

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