



AHM-540^{Q&As}

Medical Management

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**QUESTION 1**

In most health plans, the formulary system is developed and managed by a PandT committee. The PandT committee is responsible for

- A. evaluating and selecting drugs for inclusion in the formulary
- B. overseeing the manufacture, distribution, and marketing of prescription drugs
- C. certifying the medical necessity of expensive, potentially toxic, or nonformulary drugs
- D. all of the above

Correct Answer: A

QUESTION 2

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

- 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

Correct Answer: C

QUESTION 3

Demetrius Farrell, age 82, is suffering from a terminal illness and has consulted his health plan about the care options available to him. In order to avoid unwanted, futile interventions, Mr. Farrell signed an advance directive that indicates the types of end-of-life medical treatment he wants to receive. His family is to use this document as a guide should Mr. Farrell become incapacitated.

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

Decisions regarding Mr. Farrell's end-of-life care are legally the right and responsibility of

- A. Mr. Farrell and his family
- B. Mr. Farrell's physician
- C. Mr. Farrell's health plan
- D. All of the above



Correct Answer: A

QUESTION 4

In order to be effective, a clinical pathway must improve quality and decrease costs.

- A. True
- B. False

Correct Answer: B

QUESTION 5

The Midwest Health Plan delegated utilization review (UR) activities to the Tri-City Utilization Review Organization. After Tri-City improperly recommended denial of payment for services to a Midwest plan member, the plan member filed suit. The court ruled that Midwest was responsible for Tri-City's actions because of the relationship between Midwest and Tri-City. This situation is an illustration of a legal concept known as

- A. vicarious liability
- B. fraud
- C. a tying arrangement
- D. subdelegation

Correct Answer: A

QUESTION 6

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 1.Part of their existing Medicaid programs 2.Separate commercial insurance programs

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

Correct Answer: A

QUESTION 7

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



To manage the delivery of healthcare services to their members, health plans use clinical practice parameters. _____ is the type of clinical practice parameter that a health plan uses to make coverage decisions concerning medical necessity and appropriateness.

- A. A clinical practice guideline (CPG)
- B. Medical policy
- C. Benefits administration policy
- D. A standard of care

Correct Answer: B

QUESTION 8

Performance variance can be classified as either common cause variance or special cause variance. The following statement(s) can correctly be made about special cause variance:

1. Inadequate staffing levels, employee errors, and equipment malfunctions are examples of special cause variance
2. Special cause variance is typically more difficult to detect and correct than is common cause variance

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

Correct Answer: B

QUESTION 9

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

Correct Answer: A

QUESTION 10

The following statement(s) can correctly be made about the hospitalist approach to inpatient care management:



1. Management of inpatient care by hospitalists may significantly reduce the length of stay and the total costs of care for a hospital admission

2. Most health plans that use hospitalists do so through a voluntary hospitalist program

3.A

hospitalist's familiarity with utilization management (UM) and quality management (QM) standards for inpatient care may reduce unnecessary variations in care and improve clinical outcomes

A.

All of the above

B.

1 and 2 only

C.

1 and 3 only

D.

2 only

Correct Answer: A

QUESTION 11

Determine whether the following statement is true or false:

The delegation of medical management functions to providers can occur without the transfer of financial risk.

A. True

B. False

Correct Answer: A

QUESTION 12

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).

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

Correct Answer: A

QUESTION 13

Adele Stanley, a member of the Greenhouse Health Plan, recently went to a network pharmacy to have a prescription filled. The pharmacist informed Ms. Stanley that the prescribed drug was not in the plan formulary and that reimbursement for the drug was not available except in extraordinary circumstances. The pharmacist asked Ms. Stanley if she would accept a generic substitute.

If Ms. Stanley agrees to the generic substitution, she will receive a drug that

A. has not been tested for safety and efficacy in large clinical trials

B. is available without a prescription at a reasonable cost

C. has been classified by the Food and Drug Administration (FDA) as safe, but that has not been proven fully effective

D. contains active ingredients that are identical to those of the prescribed brand-name drug

Correct Answer: D

QUESTION 14

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

Each quality standard used by a health plan is associated with quality indicators. A _____ indicator is a form of aggregate data indicator that produces results that fit within a specified range, such as the length of time to schedule an appointment.

A. yes/no

B. sentinel event

C. discrete variable

D. continuous variable

Correct Answer: D

QUESTION 15

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

A. case management



B. geriatric evaluation and management (GEM)

C. intervention identification

D. interdisciplinary home care (IHC)

Correct Answer: C

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