

4A051 CDC UNDERSTANDING AND RETENTION EVALUATION (URE) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. If hours need to be changed after a project is closed, whom does the MEPRS program manager contact?**
 - A. DHA management control manager
 - B. Air Force MEPRS monitor
 - C. MEPRS program monitor
 - D. MAJCOM MEPRS monitor
- 2. Routine care is usually not provided to patients with questionable eligibility until the**
 - A. Patient provides other identification
 - B. Patient pays for treatment
 - C. Patient's eligibility is determined
 - D. Patient provides proof of insurance
- 3. Permanently changing assignment to another squadron without the gaining unit initiating a new AF Form 286 is called?**
 - A. A deficiency
 - B. A recertification
 - C. An elapsed certification
 - D. An erroneous certification
- 4. Which label is used to stamp medical records pertaining to medical affirmative claims?**
 - A. Sequestered Record
 - B. Third party liability case
 - C. Medical affirmative claim
 - D. Sensitive medical information
- 5. What is the purpose of the link between CHCS and DEERS?**
 - A. Verify the patient's eligibility for care
 - B. Ensure the patient's CHCS data is comparable to his or her DEERS data
 - C. Provide a tool for commander's to keep abreast of unit's manning strength
 - D. Provides interface for military personnel flight (MPF) to update active duty information

- 6. When advising a patient on TRICARE plan options, the first factor to assess is the plan's suitability based on what?**
- A. Home of record
 - B. Location
 - C. Medicare eligible
 - D. Status
- 7. Who may initiate a recommendation for a decoration?**
- A. First Sergeant
 - B. Anyone, other than the person being recommended
 - C. Supervisor
 - D. Commander
- 8. Who performs periodic reviews of MTF/VA facility resource sharing agreements to ensure VA facilities are network providers?**
- A. MTF commander
 - B. TRO
 - C. Surgeon General
 - D. MCS contractor
- 9. Which report contains total expenses, performance factor workloads, and cost per performance factor amounts at the FCC code level?**
- A. EAS cost table
 - B. MEPRS detailed
 - C. Personnel detail
 - D. EAS allocation summary
- 10. Which method is preferred for routine PHI disclosure to a lawyer?**
- A. Snail mail
 - B. Fax machine
 - C. Work e-mail
 - D. Personal e-mail

Answers

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1. C
2. C
3. D
4. C
5. A
6. B
7. B
8. B
9. A
10. A

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Explanations

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1. If hours need to be changed after a project is closed, whom does the MEPRS program manager contact?

- A. DHA management control manager
- B. Air Force MEPRS monitor
- C. MEPRS program monitor**
- D. MAJCOM MEPRS monitor

The key point is who owns the process for post-closure changes in MEPRS. The MEPRS program monitor is the designated contact for any adjustments to hours after a project has closed. This role oversees the MEPRS program, manages change-control procedures, and coordinates with the MEPRS program manager to ensure the change is properly documented, approved, and applied in the system with a clear audit trail. Other roles exist for governance or regional oversight, but they are not the primary point for executing or authorizing post-closure hour changes.

2. Routine care is usually not provided to patients with questionable eligibility until the

- A. Patient provides other identification
- B. Patient pays for treatment
- C. Patient's eligibility is determined**
- D. Patient provides proof of insurance

The main idea is that confirming whether a patient qualifies for coverage is the gatekeeper for routine care when eligibility is in doubt. Until a determination is made about whether any payer will cover the services and under what terms, routine care isn't routinely provided because without that clarity the facility could face unpaid costs or misbilling. Identification and proof of insurance are important steps in the process, but they don't by themselves establish whether the patient actually qualifies for coverage. Paying out of pocket isn't the standard trigger to proceed with routine care when eligibility is uncertain. Once the eligibility is determined, the appropriate billing and coverage details are known, and care can proceed with clear expectations about payment or coverage.

3. Permanently changing assignment to another squadron without the gaining unit initiating a new AF Form 286 is called?

- A. A deficiency
- B. A recertification
- C. An elapsed certification
- D. An erroneous certification**

When a member is cleared for PRP duties, the certification is tied to the unit and requires proper revalidation when changing assignments. If a permanent transfer to another squadron happens and the gaining unit does not initiate a new AF Form 286, the certification that exists on file no longer reflects the new assignment's requirements. This makes the certification invalid for the new context, so it's described as an erroneous certification—an incorrect or improper certification due to the improper transfer process. This isn't a deficiency (missing information), a recertification (renewal through proper review), or an elapsed certification (expired). It's specifically the result of granting certification under the wrong conditions.

4. Which label is used to stamp medical records pertaining to medical affirmative claims?

- A. Sequestered Record
- B. Third party liability case
- C. Medical affirmative claim**
- D. Sensitive medical information

Labeling records as a medical affirmative claim signals that these documents involve a positive assertion of medical entitlement and should be routed through claims processing with appropriate privacy and handling. This label directly identifies the purpose of the records—affirming a medical claim—so staff know to apply the correct workflow for benefits or payment processing. The other labels don't fit as clearly for this purpose: a sequestered record implies isolation for legal reasons, not specifically medical claims; a third party liability case refers to the type of case rather than how the records are tagged for claim processing; and sensitive medical information denotes privacy considerations, which could apply broadly but doesn't indicate the claim status itself.

5. What is the purpose of the link between CHCS and DEERS?

- A. Verify the patient's eligibility for care**
- B. Ensure the patient's CHCS data is comparable to his or her DEERS data
- C. Provide a tool for commander's to keep abreast of unit's manning strength
- D. Provides interface for military personnel flight (MPF) to update active duty information

The link between CHCS and DEERS is used to verify a patient's eligibility for care. DEERS holds current enrollment and eligibility data for service members, dependents, and retirees, while CHCS is the clinical system used in DoD facilities to deliver care. When these systems are connected, CHCS can automatically pull DEERS information to confirm that a patient is actually enrolled and entitled to receive care at military facilities and to determine which benefits apply. This helps ensure the patient can be treated at the right location, that benefits and eligibility are applied correctly, and that billing is accurate. Other options don't fit as the primary purpose. The link isn't about making CHCS data match DEERS data for comparison, nor is it intended for monitoring unit manning strength, or primarily for updating active-duty information via the military personnel flow. Its main function is to confirm care eligibility at the point of care.

6. When advising a patient on TRICARE plan options, the first factor to assess is the plan's suitability based on what?

- A. Home of record
- B. Location**
- C. Medicare eligible
- D. Status

Location is the first factor because TRICARE plans are region-based. The available plans, network structure, enrollment requirements (like having a primary care manager), and cost differ by geographic region and by where you will receive care—whether in the continental U.S., a specific overseas location, or at a military treatment facility. By identifying the patient's location up front, you can determine which plan options are viable in that region, then compare specifics like network access and out-of-pocket costs within that context. Other factors like home of record, Medicare eligibility, or military status can influence eligibility or benefits, but the actual plan options you can choose from hinge on where the patient lives and will seek care.

7. Who may initiate a recommendation for a decoration?

- A. First Sergeant
- B. Anyone, other than the person being recommended**
- C. Supervisor
- D. Commander

Initiation should come from someone other than the person being nominated. This helps maintain fairness and brings in a fresh, external perspective on the candidate's actions. Any eligible person—peers, subordinates, or supervisors—may initiate, as long as the nominee themselves does not submit the nomination. This openness ensures that worthy acts observed by any member of the unit can be recognized through the proper review and approval process.

8. Who performs periodic reviews of MTF/VA facility resource sharing agreements to ensure VA facilities are network providers?

- A. MTF commander
- B. TRO**
- C. Surgeon General
- D. MCS contractor

The periodic reviews of MTF/VA facility resource sharing agreements are done by the TRICARE Regional Office (TRO). The TRO oversees network providers and ensures cross-agency agreements meet TRICARE requirements, including credentialing, provider eligibility, service availability, referral processes, billing, and access standards. This oversight helps confirm that VA facilities are properly included as network providers and that the arrangements support timely, authorized care for beneficiaries across regions. Other options aren't responsible for this network-provider oversight across multiple facilities. The MTF commander focuses on operations at a single Military Treatment Facility, not the regional network of facilities. The Surgeon General sets policy and medical standards but doesn't handle the ongoing, regional reviews of cross-agency agreements. A contractor handling management services isn't the official body assigned to perform these periodic network-provider reviews.

9. Which report contains total expenses, performance factor workloads, and cost per performance factor amounts at the FCC code level?

- A. EAS cost table**
- B. MEPRS detailed
- C. Personnel detail
- D. EAS allocation summary

The main idea here is identifying which report ties expenses to workload by FCC code and shows the unit cost per factor. The report that does this is the EAS cost table. It presents total expenses, performance factor workloads, and the cost per performance factor amounts all organized at the FCC code level, making it the primary source for analyzing how money and workload align within each FCC. Other reports don't provide all three elements together by FCC code. The MEPRS detailed report focuses on medical resource and encounter data rather than FCC-level cost and workload metrics. The Personnel detail report centers on staffing information. The EAS allocation summary offers allocations and totals but not the granular FCC-level breakdown of expenses, workloads, and unit costs in one place.

10. Which method is preferred for routine PHI disclosure to a lawyer?

- A. Snail mail**
- B. Fax machine
- C. Work e-mail
- D. Personal e-mail

The method chosen aims to reduce risk and provide a clear, verifiable record when sharing PHI with a lawyer for routine matters. Physical mail, especially when sent with tracking or certification, keeps PHI out of electronic transit where it could be intercepted or mishandled and creates a tangible paper trail showing delivery and receipt. That predictable, auditable process helps ensure only the minimum necessary information is sent and that there's documentation of who received it and when, which is often valued in legal and compliance contexts. Electronic channels—work or personal email—carry higher risk of exposure through hacking, misaddressing, or capture by monitoring systems, and they may lack reliable delivery confirmation or proper access controls. Fax machines, while traditional, can also misroute documents if the number is wrong or left unattended, creating similar exposure concerns. So for routine disclosures to legal counsel, the safer, more controllable option tends to be physical mail with appropriate safeguards, such as confidential labeling and delivery tracking.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://4a051cdcure.examzify.com>

We wish you the very best on your exam journey. You've got this!

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