

# AAHAM Certified Revenue Cycle Specialist - Professional (CRCS-P) Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

**This is a sample study guide. To access the full version with hundreds of questions,**

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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. Don't worry about getting everything right, 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, and take breaks to retain information better.**

## 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.**

## 7. Use Other Tools

**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!**

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## **Questions**

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- 1. What does Accounts Receivable (AR) Days Outstanding estimate?**
  - A. The total revenue generated by the healthcare facility**
  - B. The average time required to collect accounts receivable under normal conditions.**
  - C. The percentage of claims denied by insurance companies**
  - D. The time taken to produce financial reports for management.**
- 2. Which term refers to a grouping of related medical conditions and procedures in healthcare billing?**
  - A. Payment Coordination**
  - B. Diagnosis Related Groups**
  - C. Healthcare Revenue Categories**
  - D. Medical Care Units**
- 3. What is an important aspect of Certified Application Counselors' responsibilities?**
  - A. Conducting outreach and education on insurance**
  - B. Providing legal advice to patients**
  - C. Facilitating health coverage enrollment**
  - D. Performing audits of healthcare facilities**
- 4. What does the acronym IPPE stand for in Medicare terminology?**
  - A. Initial Preventive Physical Examination**
  - B. Immediate Patient Physical Evaluation**
  - C. Internal Patient Product Examination**
  - D. Initial Patient Preventive Examination**
- 5. What does the acronym FEP represent?**
  - A. Federal Employee Program**
  - B. Federal Employment Policy**
  - C. Family Employment Plan**
  - D. Federal Education Program**

**6. What is the definition of an individual who is considered indigent?**

- A. Someone with adequate healthcare coverage**
- B. A person with sufficient income to pay for care**
- C. An individual lacking the means to pay for necessary services**
- D. A person receiving unemployment benefits**

**7. What does workers' compensation cover?**

- A. Retirement benefits for employees**
- B. Injuries sustained by a worker during job duties**
- C. Health insurance for dependents**
- D. Unemployment payments**

**8. Which program is designed for children whose parents earn too much for Medicaid but not enough for private insurance?**

- A. Medicaid.**
- B. Medicare.**
- C. SCHIP.**
- D. WIC.**

**9. What is the primary characteristic of acute inpatient care?**

- A. Long-term treatment for chronic conditions**
- B. Short-term care for acute illnesses or trauma**
- C. Outpatient services for minor injuries**
- D. Preventive care and wellness programs**

**10. What does the acronym PPS stand for?**

- A. Payment Plan System**
- B. Prospective Payment System**
- C. Patient Payment Strategy**
- D. Provider Payment Structure**

## **Answers**

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

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## **Explanations**

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## 1. What does Accounts Receivable (AR) Days Outstanding estimate?

- A. The total revenue generated by the healthcare facility
- B. The average time required to collect accounts receivable under normal conditions.**
- C. The percentage of claims denied by insurance companies
- D. The time taken to produce financial reports for management.

Accounts Receivable (AR) Days Outstanding is a critical metric that estimates the average time required to collect money owed to a healthcare facility from its patients and insurance payers under normal operating conditions. This figure is calculated by taking the accounts receivable balance and dividing it by the average daily revenue, providing insight into how efficiently a healthcare provider manages its collections. By effectively analyzing AR Days Outstanding, a healthcare facility can gauge its cash flow management and identify areas needing improvement in revenue collection processes. A lower number indicates a quicker collection process, meaning the facility is doing well in managing its receivables, while a higher number may signal issues such as inefficient billing practices or problems with claim processing. The other options do not align with the primary function of AR Days Outstanding, which specifically relates to the collection timeline rather than revenue generation, claims denial rates, or financial report production timelines.

## 2. Which term refers to a grouping of related medical conditions and procedures in healthcare billing?

- A. Payment Coordination
- B. Diagnosis Related Groups**
- C. Healthcare Revenue Categories
- D. Medical Care Units

The term that refers to a grouping of related medical conditions and procedures in healthcare billing is "Diagnosis Related Groups" (DRGs). This classification system is used primarily by Medicare and other health insurers to categorize patients based on their clinical characteristics and the types of services they receive. DRGs group patients to facilitate hospital reimbursements based on the diagnosis, thereby standardizing payments for similar conditions and procedures. The use of DRGs helps ensure that hospitals are reimbursed consistently and fairly for the care provided, which promotes efficiency in patient management and cost control. By categorizing cases into groups that typically require similar hospital resources, DRGs streamline the billing process and support medical decision-making and resource allocation.

### **3. What is an important aspect of Certified Application Counselors' responsibilities?**

- A. Conducting outreach and education on insurance**
- B. Providing legal advice to patients**
- C. Facilitating health coverage enrollment**
- D. Performing audits of healthcare facilities**

Certified Application Counselors (CACs) play a crucial role in assisting individuals and families in navigating the complexities of health coverage enrollment. One of their primary responsibilities is to facilitate health coverage enrollment, which involves helping applicants understand their eligibility for various health insurance options, including marketplace plans under the Affordable Care Act (ACA). CACs provide guidance on how to apply for these programs, assist with completing applications, and ensure that consumers understand their coverage options, benefits, and any associated costs. This role is essential in promoting access to healthcare services by ensuring that eligible individuals can enroll in programs that meet their needs. By focusing on enrollment, CACs help to reduce the barriers that individuals may face when attempting to secure health insurance, ultimately improving public health outcomes and the effectiveness of the broader healthcare system.

### **4. What does the acronym IPPE stand for in Medicare terminology?**

- A. Initial Preventive Physical Examination**
- B. Immediate Patient Physical Evaluation**
- C. Internal Patient Product Examination**
- D. Initial Patient Preventive Examination**

The acronym IPPE stands for Initial Preventive Physical Examination. This term refers to a specific benefit under Medicare that allows beneficiaries, particularly those newly eligible for Medicare, to receive a comprehensive review of their health. The IPPE includes certain key elements such as a thorough medical history, a physical examination, and preventive services aimed at educating patients about their health status and risk factors. This preventive service is designed to catch health issues early and promote a healthier lifestyle, which can lead to improved health outcomes for Medicare beneficiaries. By focusing on prevention, the IPPE serves as an important component of the overall strategic approach to healthcare in the Medicare program, emphasizing early detection and wellness.

## 5. What does the acronym FEP represent?

- A. Federal Employee Program**
- B. Federal Employment Policy**
- C. Family Employment Plan**
- D. Federal Education Program**

The acronym FEP stands for Federal Employee Program. This program is significant as it encompasses health insurance plans offered to federal employees, retirees, and their dependents. Managed by the Office of Personnel Management (OPM), the Federal Employee Program provides crucial support in ensuring that government employees have access to quality healthcare services. By focusing on this program, stakeholders are able to understand the broader implications it has on the revenue cycle in healthcare, especially regarding the insurance claims process, reimbursement strategies, and the overall management of services delivered to federal employees. This knowledge is essential for professionals working in medical billing and revenue cycle management to navigate the complexities of insurance claims effectively and ensure accurate processing of services rendered to covered individuals.

## 6. What is the definition of an individual who is considered indigent?

- A. Someone with adequate healthcare coverage**
- B. A person with sufficient income to pay for care**
- C. An individual lacking the means to pay for necessary services**
- D. A person receiving unemployment benefits**

An individual considered indigent is defined as someone lacking the means to pay for necessary services. This definition encompasses those who do not have sufficient financial resources to cover healthcare costs, which may include medical care, treatments, and other essential services. In many instances, being indigent can mean having an income level that falls below a certain threshold, indicating that the person cannot afford standard living expenses, including necessary health-related costs. Understanding this classification is essential within the healthcare and revenue cycle management sectors, as it often determines eligibility for charity care programs, sliding fee scales, and other forms of financial assistance. By clearly identifying individuals as indigent, healthcare providers can ensure that these individuals receive appropriate care without the burden of overwhelming financial obligations. This understanding is crucial in shaping policies and programs aimed at supporting vulnerable populations within the community.

## 7. What does workers' compensation cover?

- A. Retirement benefits for employees**
- B. Injuries sustained by a worker during job duties**
- C. Health insurance for dependents**
- D. Unemployment payments**

Workers' compensation is a form of insurance that provides benefits to employees who suffer job-related injuries or illnesses. The coverage specifically includes medical expenses, rehabilitation costs, and lost wages resulting from a worker's inability to perform their job duties due to a work-related injury. This system is designed to help employees recover from injuries without requiring them to sue their employers for negligence. The other options do not pertain to the specific purpose of workers' compensation. Retirement benefits are related to pension plans or other retirement savings, health insurance for dependents is generally part of a separate employee benefits package, and unemployment payments assist individuals who are unemployed and seeking work, which is distinct from coverage for injuries sustained on the job. Therefore, the correct response regarding what workers' compensation covers focuses clearly on injuries sustained by a worker during job duties.

## 8. Which program is designed for children whose parents earn too much for Medicaid but not enough for private insurance?

- A. Medicaid.**
- B. Medicare.**
- C. SCHIP.**
- D. WIC.**

The program designed specifically for children whose parents earn too much to qualify for Medicaid but not enough to afford private insurance is known as SCHIP, or the State Children's Health Insurance Program. SCHIP provides health coverage to children in families with incomes that are modest but exceed the eligibility levels for Medicaid. This program aims to ensure children can access necessary medical services, thereby supporting their overall health and well-being. SCHIP was established to fill the gap for uninsured children and is a vital resource for many families who find themselves in this financial situation. It helps reduce the number of uninsured children in the United States by offering affordable health care coverage tailored to low- and middle-income families. In contrast, other options such as Medicaid primarily serve individuals and families with very low incomes, while Medicare is a health coverage program primarily for those aged 65 and older or for individuals with specific disabilities. WIC (Women, Infants, and Children) is a supplemental nutrition program, not a health insurance provider, aimed at improving the health and nutritional status of low-income pregnant women, new mothers, and young children.

**9. What is the primary characteristic of acute inpatient care?**

- A. Long-term treatment for chronic conditions**
- B. Short-term care for acute illnesses or trauma**
- C. Outpatient services for minor injuries**
- D. Preventive care and wellness programs**

The primary characteristic of acute inpatient care is that it provides short-term care for acute illnesses or trauma. This type of healthcare is designed to address immediate and severe health issues that require intensive medical attention, often in a hospital setting. Patients receiving acute care are typically experiencing significant health crises, such as heart attacks, severe infections, or traumas that necessitate close monitoring and rapid intervention. In acute inpatient care, the focus is on stabilizing the patient's condition, managing pain, and ensuring recovery before transitioning the patient to a lower level of care or rehabilitation if needed. This contrasts with other forms of care, such as long-term treatment for chronic conditions, which involves ongoing management rather than immediate treatment. Outpatient services for minor injuries and preventive care and wellness programs focus on different aspects of health and do not embody the urgent, intensive nature of acute inpatient care.

**10. What does the acronym PPS stand for?**

- A. Payment Plan System**
- B. Prospective Payment System**
- C. Patient Payment Strategy**
- D. Provider Payment Structure**

The correct term represented by the acronym PPS is "Prospective Payment System." This system is primarily used in the context of Medicare and healthcare reimbursement, where it serves as a method of paying healthcare providers a predetermined amount for services provided. The idea behind a prospective payment system is that it establishes payment amounts in advance based on the expected costs associated with specific services or conditions, rather than paying for each individual service or procedure afterward. This payment model can encourage efficiency and cost control within healthcare, as it incentivizes providers to manage their resources wisely to stay within the fixed payment levels while still providing quality care. Understanding this system is critical for revenue cycle professionals, as it affects how hospitals and other healthcare providers track and manage revenues, payments, and ultimately their financial performance.

# 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](mailto:hello@examzify.com).**

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

**<https://aahamcrcsp.examzify.com>**

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

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