

AAHAM CERTIFIED REVENUE CYCLE SPECIALIST - PROFESSIONAL (CRCS-P) PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

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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. What does the term "End Stage Renal Disease" imply in medical terminology?**
 - A. A reversible kidney condition
 - B. A chronic kidney disease requiring dialysis or transplant
 - C. A mild kidney infection
 - D. A temporary kidney failure
- 2. What does CHAMPUS stand for?**
 - A. Civilian Health and Medical Programs of the United States
 - B. Civilian Health and Medical Programs of the Uniformed Services
 - C. Comprehensive Health and Medical Programs of the Uniformed Services
 - D. Centralized Health and Medical Programs of the United States
- 3. Informed consent requires what from the patient?**
 - A. A brief explanation of treatment
 - B. A promise of successful outcomes
 - C. An understanding of the treatment's risks and benefits
 - D. A parent or guardian's agreement
- 4. What does EMTALA stand for?**
 - A. Emergency Medical Treatment and Active Labor Act
 - B. Emergency Medical Transfer and Labor Act
 - C. Emergency Medical Treatment and Labor Administration
 - D. Emergency Management Treatment and Active Labor Act
- 5. What does the acronym UR stand for in a healthcare context?**
 - A. Utility Review
 - B. Utilization Review
 - C. Urgency Rating
 - D. Uniform Resolution
- 6. What is the function of Medicaid Integrity Contractors (MIC)?**
 - A. To manage Medicaid benefits
 - B. To ensure compliance and prevent fraud in Medicaid
 - C. To conduct medical research
 - D. To administer long-term care services

- 7. What is another name for the Emergency Medical Treatment and Active Labor Act?**
- A. Federal Anti-Dumping Statute
 - B. Healthcare Fraud Prevention Act
 - C. Patient Protection Act
 - D. Healthcare Coverage Act
- 8. What may trigger an Alternate Beneficiary Notice (ABN)?**
- A. A reduction in care frequency or duration
 - B. Changes in patient diagnosis
 - C. New regulatory requirements
 - D. Increased physician fees
- 9. What is the role of a coordination of benefits contractor?**
- A. To process claims for the provider
 - B. To collect and manage other health coverage data
 - C. To provide direct service to patients
 - D. To assist in patient eligibility verification
- 10. What characterizes an intentional skip in healthcare payment behavior?**
- A. Accidental failure to pay bills
 - B. Deliberate avoidance of payment by changing residency and information
 - C. Paying under a false identity
 - D. Unawareness of hospital charges

Answers

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

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Explanations

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1. What does the term "End Stage Renal Disease" imply in medical terminology?

- A. A reversible kidney condition
- B. A chronic kidney disease requiring dialysis or transplant**
- C. A mild kidney infection
- D. A temporary kidney failure

The term "End Stage Renal Disease" (ESRD) refers specifically to the final stage of chronic kidney disease, where the kidneys are no longer able to function adequately to maintain the body's balance of fluids and electrolytes. At this point, patients typically require dialysis or a kidney transplant to survive, as their kidneys are effectively functioning at less than 15% of their normal capacity. Chronic kidney disease is a progressive condition that can develop over years, often as a result of diabetes, hypertension, or other underlying health issues. When a patient reaches the end stage, the only treatments available to manage their health and mitigate the complications arising from kidney failure are these significant medical interventions. Understanding this context is crucial for revenue cycle specialists, as managing care and billing for treatments related to ESRD involves specific guidelines and regulations. In contrast, the other terms listed suggest conditions that either do not have the same level of severity or are temporary in nature, which does not align with the critical and chronic status implied by ESRD.

2. What does CHAMPUS stand for?

- A. Civilian Health and Medical Programs of the United States
- B. Civilian Health and Medical Programs of the Uniformed Services**
- C. Comprehensive Health and Medical Programs of the Uniformed Services
- D. Centralized Health and Medical Programs of the United States

The correct answer is that CHAMPUS stands for the Civilian Health and Medical Programs of the Uniformed Services. This program was designed to provide healthcare benefits for military personnel, their dependents, and certain other eligible beneficiaries through civilian healthcare providers. The program reflects the government's commitment to addressing the healthcare needs of uniformed service members and their families by facilitating access to both military and civilian healthcare resources. The title emphasizes its relevance to the uniformed services, highlighting that it is specifically geared towards those who serve in military roles and their accompanying dependents. This distinction is crucial in understanding the unique position of CHAMPUS within the broader healthcare landscape, as it connects military healthcare services with civilian health options. As a result, this program alleviates some of the burdens on military healthcare facilities while ensuring beneficiaries receive quality medical care. Understanding the designation of CHAMPUS is important for those involved in healthcare administration and revenue cycle management, as it helps define the scope of services and eligibility for reimbursement within the healthcare system as it relates to military healthcare benefits.

3. Informed consent requires what from the patient?

- A. A brief explanation of treatment
- B. A promise of successful outcomes
- C. An understanding of the treatment's risks and benefits**
- D. A parent or guardian's agreement

Informed consent is a fundamental principle in healthcare that ensures patients are fully aware of and understand the treatment options available to them before proceeding. The correct choice highlights that patients must be informed about the risks and benefits of their treatment. This understanding is critical for patients to make educated decisions about their care. When a healthcare provider presents treatment options, they should clearly outline not only the expected benefits but also any potential risks involved. This process empowers the patient and allows them to weigh the advantages and disadvantages according to their personal values and circumstances. An effective informed consent process respects patient autonomy and enhances trust in the healthcare relationship. The other options do not encompass the full scope of what informed consent entails. A brief explanation of treatment lacks the depth required for true informed consent. Promising successful outcomes goes against the ethical standards of informed consent, as no treatment can guarantee success. Lastly, while obtaining a parent or guardian's agreement is necessary for minors or individuals unable to consent, it does not replace the requirement for the patient's comprehension of the risks and benefits of treatment.

4. What does EMTALA stand for?

- A. Emergency Medical Treatment and Active Labor Act**
- B. Emergency Medical Transfer and Labor Act
- C. Emergency Medical Treatment and Labor Administration
- D. Emergency Management Treatment and Active Labor Act

The correct answer, Emergency Medical Treatment and Active Labor Act, is significant as it identifies a federal law enacted to ensure that individuals seeking emergency medical care receive proper treatment regardless of their ability to pay. EMTALA mandates that hospitals with emergency departments must provide a medical screening examination to anyone who requests treatment for a medical condition. If an emergency medical condition is identified, the hospital is required to stabilize the patient before transferring them or discharging them. Understanding the specifics of EMTALA is crucial for professionals in the revenue cycle management field, as it impacts how healthcare facilities manage patient care and billing practices. This law plays a vital role in safeguarding patient access to emergency services, which in turn influences reimbursement policies and regulatory compliance within healthcare organizations.

5. What does the acronym UR stand for in a healthcare context?

- A. Utility Review
- B. Utilization Review**
- C. Urgency Rating
- D. Uniform Resolution

In the healthcare context, UR stands for Utilization Review, which is a systematic evaluation process designed to assess the necessity, appropriateness, and efficiency of healthcare services provided to patients. Utilization Review is an essential component of healthcare management as it ensures that patients receive the right type of care at the right time while also controlling costs and improving quality of care. Utilization Review can involve various activities, such as reviewing patient records, evaluating treatment plans, and determining the need for continued hospitalization or additional services. This process helps organizations manage their resources effectively, compare practices against established criteria or standards, and support decision-making in patient care. Understanding the concept of Utilization Review is crucial for revenue cycle professionals, as it directly impacts reimbursement and the overall financial health of healthcare organizations. Proper application of Utilization Review processes can lead to more efficient care delivery, reduced waste, and improved patient outcomes, aligning medical services with patients' needs and payer requirements.

6. What is the function of Medicaid Integrity Contractors (MIC)?

- A. To manage Medicaid benefits
- B. To ensure compliance and prevent fraud in Medicaid**
- C. To conduct medical research
- D. To administer long-term care services

The role of Medicaid Integrity Contractors (MIC) is primarily focused on ensuring compliance with Medicaid regulations and preventing fraud within the Medicaid program. This includes conducting audits, reviewing claims, and monitoring providers to determine compliance with program requirements and to identify potentially fraudulent activities. By performing these functions, MICs help safeguard the integrity of the Medicaid system, ensuring that resources are utilized appropriately and that beneficiaries receive the services to which they are entitled. In contrast, managing Medicaid benefits involves overseeing the delivery of services to beneficiaries, which is not the direct responsibility of MICs. Conducting medical research is a distinct area of focus that falls outside the scope of MIC activities, as their primary concern is compliance and fraud prevention rather than research. Administering long-term care services is typically managed by state Medicaid agencies and providers, and does not relate to the investigative and oversight roles that MICs play. Thus, the specific function of MICs is best captured by their commitment to compliance and fraud prevention in the Medicaid program.

7. What is another name for the Emergency Medical Treatment and Active Labor Act?

- A. Federal Anti-Dumping Statute**
- B. Healthcare Fraud Prevention Act
- C. Patient Protection Act
- D. Healthcare Coverage Act

The Emergency Medical Treatment and Active Labor Act (EMTALA) is commonly referred to as the Federal Anti-Dumping Statute. This legislation mandates that hospitals provide emergency medical treatment to individuals irrespective of their insurance status or ability to pay. It was enacted to prevent hospitals from refusing treatment or "dumping" patients who are unable to pay, particularly those with emergency conditions. The name reflects the law's intent to ensure that all patients receive appropriate emergency care without financial discrimination, outlining the obligations of healthcare providers in emergency scenarios. The other options pertain to different aspects of healthcare regulation and do not accurately represent EMTALA. The Healthcare Fraud Prevention Act primarily focuses on preventing fraud and abuse in healthcare programs. The Patient Protection Act is more closely associated with the protection of patients' rights and access to healthcare. The Healthcare Coverage Act refers to legislation concerning insurance coverage and does not address emergency care specifically. Thus, A accurately identifies the primary alternative name for EMTALA.

8. What may trigger an Alternate Beneficiary Notice (ABN)?

- A. A reduction in care frequency or duration**
- B. Changes in patient diagnosis
- C. New regulatory requirements
- D. Increased physician fees

An Alternate Beneficiary Notice (ABN) is utilized when a healthcare provider anticipates that a service or item may not be covered by Medicare or another payer. One of the key triggers for issuing an ABN is a reduction in the frequency or duration of care. When there is a change in how often a service is provided or how long it is given, the provider must inform the patient about potential non-coverage. This helps ensure that the patient is aware of their financial responsibilities in case the service is not approved for payment. In this context, when care frequency or duration is reduced, it signals to the provider that the usual coverage may not be applicable, thereby necessitating the notification process to inform patients about potential out-of-pocket costs. It encourages transparency and allows patients to make informed decisions regarding their care. Factors like changes in patient diagnosis, new regulatory requirements, or increased physician fees do not directly relate to the issuance of an ABN in the same way. These factors may affect billing or coverage in a broader sense, but a specific reduction in care is typically a clearer and more immediate issue signaling potential non-coverage that requires patient notification through an ABN.

9. What is the role of a coordination of benefits contractor?

- A. To process claims for the provider
- B. To collect and manage other health coverage data**
- C. To provide direct service to patients
- D. To assist in patient eligibility verification

The role of a coordination of benefits contractor is primarily to collect and manage data regarding other health coverage that a patient may have. This process is crucial in ensuring that claims are paid correctly by determining which insurance plan is primary and which is secondary. Accurate management of this information helps prevent issues such as overpayments or claim denials due to the lack of coordination between different insurers. By properly managing this data, the contractor ensures that healthcare providers receive appropriate reimbursement and that patients are billed correctly according to their coverage. In this context, processing claims, providing direct patient services, and assisting in eligibility verification fall outside the main functions of a coordination of benefits contractor. These activities are typically the responsibility of claims processors, healthcare providers, or other relevant entities within the healthcare system.

10. What characterizes an intentional skip in healthcare payment behavior?

- A. Accidental failure to pay bills
- B. Deliberate avoidance of payment by changing residency and information**
- C. Paying under a false identity
- D. Unawareness of hospital charges

An intentional skip in healthcare payment behavior is characterized by the deliberate avoidance of payment actions taken by patients or individuals. This typically involves actions such as changing residency and falsifying information to evade financial responsibility for medical bills. Such behavior indicates a conscious decision to not fulfill payment obligations, which can significantly complicate the revenue cycle for healthcare providers. Individuals engaging in this behavior may attempt to obscure their identity or current residency details to avoid detection and make it more challenging for providers to pursue collection efforts. The intent behind this action is crucial, as it reflects a calculated strategy to escape financial liability rather than an error or misunderstanding regarding charges. By distinguishing intentional skips from other types of non-payment behaviors, such as accidental failures or lack of awareness, healthcare revenue cycle professionals can better understand and respond to the varying motives behind payment behaviors and design effective strategies to address them.

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://aahamcrcsp.examzify.com>

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

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