

ACMA Case Management Certification Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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 is the DMAIC sequence in Six Sigma?**
 - A. Define, Build, Measure, Close**
 - B. Plan, Do, Check, Act**
 - C. Define, Measure, Analyze, Improve, Control**
 - D. Analyze, Define, Verify, Implement**

- 2. Which requirement must be met to bill a Condition Code 44?**
 - A. The change must be made prior to discharge.**
 - B. The claim has not been submitted.**
 - C. The MD concurs with the UM decision.**
 - D. The occurrence is documented in the medical record.**

- 3. What is health literacy?**
 - A. The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.**
 - B. The ability to read and interpret medical journals.**
 - C. The skill of translating clinical research into practice.**
 - D. The capacity to memorize medical terminology.**

- 4. Which item is included in IMPACT Act reporting related to patient transfer?**
 - A. Insurance Coverage Details**
 - B. Dietary Preferences**
 - C. Housing Status**
 - D. Forwarding Of HIM Upon Transfer**

- 5. InterQual is described as?**
 - A. A billing code set for Medicare Part B**
 - B. A pharmacy management system**
 - C. A clinical decision support tool that determines when and how a patient progresses through the continuum, organizes resources, and uses objective evidence-based criteria**
 - D. A patient satisfaction survey**

- 6. What is cost-to-care analysis and how is it used to demonstrate value?**
- A. It only tallies costs without outcomes.**
 - B. It is used solely for budgeting for staff salaries.**
 - C. It compares costs across departments without outcomes data.**
 - D. Analyzing the costs of care relative to outcomes to show ROI and justify program investments and care improvements.**
- 7. In the workers' compensation population assessments, which should be evaluated?**
- A. Assess What Patient Can and Cannot Do in Their Essential Job Functions**
 - B. Review Shopping History**
 - C. Evaluate Only Clinical Symptoms**
 - D. Schedule Follow-Up Appointments Within Two Weeks**
- 8. Which technique aligns with effective conflict resolution within a multidisciplinary team?**
- A. Define the issue and present evidence**
 - B. Ignore conflict and hope it resolves**
 - C. Escalate without discussion**
 - D. Rely on unilateral decisions**
- 9. What is an example of assessing for health literacy?**
- A. Asking patient to teach back what has been taught**
 - B. Providing a brochure without confirming understanding**
 - C. Asking about preferred language only**
 - D. Scheduling a follow-up appointment**
- 10. What best describes Conditions of Coverage and Participation in Medicare and Medicaid programs?**
- A. Conditions that health care organizations must meet in order to begin and continue participating in the Medicare and Medicaid programs.**
 - B. Standards that govern hospital dietary services.**
 - C. Guidelines for medical device labeling.**
 - D. Rules for physician credentialing.**

Answers

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

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Explanations

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1. What is the DMAIC sequence in Six Sigma?

- A. Define, Build, Measure, Close
- B. Plan, Do, Check, Act
- C. Define, Measure, Analyze, Improve, Control**
- D. Analyze, Define, Verify, Implement

The sequence used in Six Sigma to guide improvement projects is a structured problem-solving path: Define what the problem is and what a successful outcome looks like, Measure how the process currently performs, Analyze the data to find root causes, Improve the process by implementing effective solutions, and finally Control the new process to keep the gains over time. This order ensures you start with a clear problem and goal, quantify the current state, uncover the real causes, apply targeted changes, and put in place monitoring to prevent backsliding. Defining sets the scope, goals, and customer impact so everyone agrees on what needs to be improved. Measuring builds a factual baseline with reliable data, so you know where you stand and what to improve. Analyzing digs into the data to identify root causes, not just symptoms, so changes address the real problems. Improving focuses on developing and testing solutions that will have the biggest impact, then implementing them. Controlling establishes standardization, monitoring, and response plans to sustain the improvements. The other options don't reflect this exact flow. The PDCA cycle (Plan-Do-Check-Act) is a related continuous-improvement loop but not the DMAIC path used in Six Sigma. The first option uses terms like Build and Close which don't align with the DMAIC steps. The last option rearranges the order and introduces Verify/Implement in places that don't match the DMAIC sequence.

2. Which requirement must be met to bill a Condition Code 44?

- A. The change must be made prior to discharge.**
- B. The claim has not been submitted.
- C. The MD concurs with the UM decision.
- D. The occurrence is documented in the medical record.

Timing of changes to a hospital claim matters. To bill this code, the change must be entered before the patient is discharged. Implementing the adjustment while the claim is still open ensures the claim reflects the final status and billing details at the time of discharge, which keeps payments and DRG calculations accurate and avoids post-discharge edits that can delay payment or trigger audits. If the discharge has already occurred, this code isn't billable; other adjustment pathways would apply instead. The other options describe conditions that aren't about when the change can be made, so they don't determine eligibility for this code.

3. What is health literacy?

- A. The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.**
- B. The ability to read and interpret medical journals.**
- C. The skill of translating clinical research into practice.**
- D. The capacity to memorize medical terminology.**

Health literacy is about what a person can do with health information and services to make informed decisions. It goes beyond reading ability to include obtaining information, processing and understanding it, evaluating options, and using it to act safely and effectively—like following treatment plans, understanding prescriptions, and navigating the healthcare system. This broader view explains why the best definition centers on capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. The other descriptions focus on narrow skills—reading medical journals, translating research into practice, or memorizing terminology—that don't capture the everyday ability to understand and apply health information for personal care.

4. Which item is included in IMPACT Act reporting related to patient transfer?

- A. Insurance Coverage Details**
- B. Dietary Preferences**
- C. Housing Status**
- D. Forwarding Of HIM Upon Transfer**

IMPACT Act focuses on standardized data elements collected and shared when a patient moves between care settings, to improve continuity and comparability of care across post-acute environments. When a transfer occurs, the forwarding of the patient's health information management (HIM) records is included because having the complete medical documentation available at the receiving facility supports safe, coordinated care and enables consistent data reporting across settings. This element directly addresses the need for interoperable information during transitions, which is a core aim of the Act. Insurance coverage details aren't part of these standardized transfer data elements and relate more to payer processes than to the clinical data needed for seamless transfer. Dietary preferences and housing status are relevant to individual care planning but aren't the transfer-specific data prioritized by IMPACT Act for interoperability.

5. InterQual is described as?

- A. A billing code set for Medicare Part B
- B. A pharmacy management system
- C. A clinical decision support tool that determines when and how a patient progresses through the continuum, organizes resources, and uses objective evidence-based criteria**
- D. A patient satisfaction survey

InterQual is a clinical decision support tool that uses objective, evidence-based criteria to guide care decisions. It helps determine when a patient should be admitted or moved through the care continuum, how resources are allocated, and what level of care is appropriate. By standardizing utilization decisions across settings, it supports clinicians and payers in justifying care decisions with documented, evidence-based standards. It is not a billing code set, a pharmacy management system, or a patient satisfaction survey.

6. What is cost-to-care analysis and how is it used to demonstrate value?

- A. It only tallies costs without outcomes.
- B. It is used solely for budgeting for staff salaries.
- C. It compares costs across departments without outcomes data.
- D. Analyzing the costs of care relative to outcomes to show ROI and justify program investments and care improvements.**

Cost-to-care analysis measures how much is spent on care in relation to the outcomes achieved, so it can quantify value rather than just costs. By linking financial inputs to measurable health or quality outcomes, it shows ROI and provides a clear basis to justify investing in specific programs and care improvements. This approach helps decision-makers compare alternative strategies not only on price but on the value they deliver, guiding resource allocation toward interventions that yield better results. The other options fall short because they either ignore outcomes, focus only on budgeting (like salaries), or compare costs without considering the outcomes that determine value.

7. In the workers' compensation population assessments, which should be evaluated?

A. Assess What Patient Can and Cannot Do in Their Essential Job Functions

B. Review Shopping History

C. Evaluate Only Clinical Symptoms

D. Schedule Follow-Up Appointments Within Two Weeks

Focusing on functional capacity is what population assessments in workers' compensation are all about. The goal is to determine what the worker can and cannot do in the context of their essential job functions, given their injury or condition. This means documenting real-work abilities, limitations, and any needed accommodations or restrictions so that the return-to-work plan is safe and workable for both the employee and the employer. It goes beyond symptoms or medical history alone and ties medical status to actual job demands, such as lifting requirements, standing time, repetitive motions, or cognitive or environmental considerations. Why the other ideas don't fit: reviewing shopping history doesn't inform work capacity or safety at the job; evaluating only clinical symptoms misses how those symptoms translate into daily work tasks; scheduling follow-up appointments is an administrative timeline, not the assessment of what the worker can actively do in their role or what accommodations might be needed.

8. Which technique aligns with effective conflict resolution within a multidisciplinary team?

A. Define the issue and present evidence

B. Ignore conflict and hope it resolves

C. Escalate without discussion

D. Rely on unilateral decisions

The technique tested here is about framing the problem clearly and grounding the discussion in evidence. When a multidisciplinary team encounters a disagreement, starting by defining the issue ensures everyone is focused on the same challenge rather than on personal viewpoints. Presenting evidence then moves the conversation from opinions to facts, helping all members — with different backgrounds and expertise — to evaluate options on a common, objective basis. This combination fosters open, data-informed dialogue, reduces ambiguity, and builds a shared path to a collaborative solution. In contrast, ignoring the conflict lets tensions simmer and trust erode; escalating without discussion bypasses the team process and can escalate disputes; and relying on unilateral decisions ignores the expertise of other disciplines, undermining buy-in and potentially leading to poorer outcomes.

9. What is an example of assessing for health literacy?

- A. Asking patient to teach back what has been taught**
- B. Providing a brochure without confirming understanding**
- C. Asking about preferred language only**
- D. Scheduling a follow-up appointment**

Assessing health literacy means checking whether the patient truly understands the information and instructions given. Asking a patient to teach back what has been taught is an effective way to do this. By having them restate the instructions in their own words, you can see if they grasp the steps, the reasoning behind them, and when to act. This reveals misunderstandings that might not be obvious from simply handing out materials or asking about language preferences. It also helps tailor explanations to use plain language and confirm comprehension, improving safety and adherence. Providing a brochure without confirming understanding doesn't measure the patient's ability to use the information. Asking about preferred language addresses communication needs but not whether the content was understood. Scheduling a follow-up doesn't reveal comprehension either. Teach-back directly demonstrates whether health information has been understood.

10. What best describes Conditions of Coverage and Participation in Medicare and Medicaid programs?

- A. Conditions that health care organizations must meet in order to begin and continue participating in the Medicare and Medicaid programs.**
- B. Standards that govern hospital dietary services.**
- C. Guidelines for medical device labeling.**
- D. Rules for physician credentialing.**

Conditions of Coverage and Participation are the federal standards that a health care organization must meet in order to be eligible to participate in Medicare and Medicaid. These requirements span a wide range of areas—patient rights, quality and safety of care, governance, infection control, and administrative practices—and are enforced through surveys and audits by CMS or state survey agencies. The goal is to ensure consistent, safe, and quality care for beneficiaries across settings. If a facility doesn't meet these conditions, it can lose its ability to participate in Medicare/Medicaid. The other topics mentioned—such as standards for hospital dietary services, medical device labeling, or physician credentialing—are important regulatory concerns, but they describe specific areas rather than the broad, overarching framework that determines participation in Medicare and Medicaid.

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://acmacasemgmt.examzify.com>

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

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