

ACMA CASE MANAGEMENT CERTIFICATION PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED 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. 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. Which item is not among the five rights of utilization review?

- A. Provider
- B. Services
- C. Setting
- D. Frequency

2. Which set of strategies best promotes safe transitions of care?

- A. Delayed handoffs, minimal communication, no patient education, no med reconciliation, no follow-up.
- B. Clear handoffs, timely and thorough communication, patient/caregiver education, medication reconciliation, and scheduled follow-up.
- C. High-intensity treatment with no planning for discharge.
- D. Relying solely on patient to coordinate all care.

3. Which statement best reflects the patient self-determination act?

- A. The right for patients to refuse care and the right to die.
- B. A requirement that facilities participate in research studies.
- C. It protects the patient's right to refuse treatment and requires facilities to inform patients of those rights, including advance directives and durable POA for health care.
- D. It requires facilities to report all patient data to a national registry.

4. What is the purpose of the Important Message from Medicare handout?

- A. A form to enroll in Medicare Advantage
- B. A guide to prescription drug coverage
- C. Notice that is given to inpatient Medicare beneficiaries that informs them of their right to appeal a hospital discharge
- D. A summary of hospital charges

5. A 'care gap' is defined as?

- A. A missing or delayed element of care
- B. An unnecessary duplication of tests
- C. A completed care plan
- D. A patient complaint that cannot be addressed

- 6. Which option describes a potential discharge path for a patient in observation who may require care outside the home?**
- A. Return home with no services
 - B. Admission to inpatient hospital bed
 - C. Care in an alternative setting such as SNF, hospice, or home health
 - D. Continued observation for another 24 hours
- 7. Which is an essential element of a patient-centered care plan?**
- A. Patient goals and preferences
 - B. Family involvement
 - C. Culturally appropriate approaches
 - D. Clear responsibilities
- 8. Under CMS guidelines for Home Health Services, which condition is required?**
- A. The physician must certify that treatment is necessary and personally examine the patient.
 - B. The patient must be homebound.
 - C. Both The physician must certify and patient homebound.
 - D. A nurse must certify treatment necessity.
- 9. In population-specific assessment considerations beyond medical status, which factors are helpful to assess?**
- A. Home support and environmental barriers
 - B. Occupation
 - C. Language barriers
 - D. All of the above
- 10. Which service is NOT covered by Medicare Part A?**
- A. Hospital
 - B. Hospice
 - C. Approved Home Health
 - D. Outpatient hospital services

Answers

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

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Explanations

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1. Which item is not among the five rights of utilization review?

- A. Provider
- B. Services
- C. Setting
- D. Frequency**

The concept being tested is how utilization review ensures care is appropriate across key dimensions: the patient, the provider, the service, the setting, and the timing of care. The five rights are right patient, right provider, right service, right setting, and right time. These ensure that care is given to the right person, by the right clinician, for the right service, in the right environment, at the right moment in the care plan. Frequency is not listed as one of these rights; it relates to how often care is provided, which falls under the broader consideration of timing or duration rather than being a separate right. So the item that isn't one of the five rights is frequency. The other options align with the defined rights: provider matches right provider, services matches right service, and setting matches right setting.

2. Which set of strategies best promotes safe transitions of care?

- A. Delayed handoffs, minimal communication, no patient education, no med reconciliation, no follow-up.
- B. Clear handoffs, timely and thorough communication, patient/caregiver education, medication reconciliation, and scheduled follow-up.**
- C. High-intensity treatment with no planning for discharge.
- D. Relying solely on patient to coordinate all care.

Safe transitions of care rely on structured, proactive communication that moves information, responsibilities, and medications smoothly across settings. The best choice includes clear handoffs, timely and thorough communication, education for the patient and caregiver, thorough medication reconciliation, and a scheduled follow-up. Each element addresses common gaps: clear handoffs ensure the next team understands the plan; timely communication keeps all providers aligned; patient and caregiver education empowers them to participate safely in care; medication reconciliation catches and resolves discrepancies to prevent adverse drug events; and scheduled follow-up ensures problems are caught early and care continues without interruption. The other approaches introduce clear risks. Delayed handoffs and minimal communication create information gaps that can lead to errors. Skipping patient education and medication reconciliation increases the chance of misunderstandings and dangerous medication issues. Not arranging follow-up can allow problems to go unnoticed. Treating care transitions as a one-off event rather than an ongoing, coordinated process undermines patient safety.

3. Which statement best reflects the patient self-determination act?

- A. The right for patients to refuse care and the right to die.
- B. A requirement that facilities participate in research studies.
- C. It protects the patient's right to refuse treatment and requires facilities to inform patients of those rights, including advance directives and durable POA for health care.**
- D. It requires facilities to report all patient data to a national registry.

The Patient Self-Determination Act centers on honoring a patient's autonomy in medical decisions. It requires health care facilities to inform adult patients about their right to accept or refuse treatment and to explain the facility's policies on advance directives and durable power of attorney for health care. It also asks facilities to document whether an patient has an advance directive and to respect those directives in care planning. This combination—protecting the right to refuse treatment and ensuring patients are informed about advance directives and who can make decisions if they can't—is what the statement best represents. The other ideas, such as requiring participation in research or reporting all patient data to a national registry, are not part of this act.

4. What is the purpose of the Important Message from Medicare handout?

- A. A form to enroll in Medicare Advantage
- B. A guide to prescription drug coverage
- C. Notice that is given to inpatient Medicare beneficiaries that informs them of their right to appeal a hospital discharge**
- D. A summary of hospital charges

The Important Message from Medicare is a notice given to Medicare inpatients to inform them about their right to appeal a hospital discharge. It explains that if a patient believes they still need inpatient care, they can request a discharge appeal review and, in certain cases, an expedited determination to avoid an unsafe discharge. The handout helps patients understand how to start the appeal and who to contact for help, empowering them to participate in decisions about when they leave the hospital. It isn't about enrolling in Medicare Advantage, prescription drug coverage, or hospital charges—that information comes from other sources.

5. A 'care gap' is defined as?

- A. A missing or delayed element of care
- B. An unnecessary duplication of tests
- C. A completed care plan
- D. A patient complaint that cannot be addressed**

A care gap is an instance where a recommended element of care is missing or not provided when it should be, or is delayed beyond when it's needed. This concept focuses on opportunities to improve quality and outcomes by identifying where essential tests, treatments, follow-ups, or preventive services were due but delivered. For example, if a patient is due a routine screening but isn't offered it, or a follow-up appointment after an abnormal result is delayed, that creates a care gap. It's not about duplicating tests, which is wasteful, nor about a completed care plan, nor about a patient complaint—those describe different issues.

6. Which option describes a potential discharge path for a patient in observation who may require care outside the home?

- A. Return home with no services
- B. Admission to inpatient hospital bed
- C. Care in an alternative setting such as SNF, hospice, or home health**
- D. Continued observation for another 24 hours

Discharge planning for a patient in observation who may need care outside the home focuses on identifying the most appropriate post-acute setting. If ongoing assistance or skilled care is anticipated after leaving the hospital, the patient is best served by moving to an alternative setting that provides those services—such as a skilled nursing facility, hospice, or home health care. This path fits the scenario where care outside the home is required, rather than sending the patient home with no services. Staying in observation and waiting another 24 hours would still keep the patient in the hospital's observation status, not transfer them to a different care environment. Being admitted as an inpatient would imply a higher level of care within the hospital, not a discharge to outside-home care.

7. Which is an essential element of a patient-centered care plan?

- A. Patient goals and preferences
- B. Family involvement**
- C. Culturally appropriate approaches
- D. Clear responsibilities

Engaging the patient and those who are important in their life is a defining feature of patient-centered care. Involving family is essential because it brings the patient's lived context into the plan—practical realities like daily routines, caregiving tasks, transportation, and support needs. Family members often help interpret the patient's goals, assist in decision-making when the patient has limited capacity, and support adherence to treatments and follow-up. This collaboration helps ensure the plan is realistic, doable, and aligned with the patient's values and daily life, which is the heart of truly patient-centered care. At the same time, the patient's autonomy guides decisions, and consent determines who participates. But without family involvement when appropriate, even a well-stated plan can struggle to be put into practice.

8. Under CMS guidelines for Home Health Services, which condition is required?

- A. The physician must certify that treatment is necessary and personally examine the patient.
- B. The patient must be homebound.
- C. Both The physician must certify and patient homebound.**
- D. A nurse must certify treatment necessity.

The key idea is eligibility for Medicare home health services hinges on two requirements: the patient must be homebound, and there must be a physician's certification of medical necessity for the home health services (with an established plan of care). The homebound status means leaving home is difficult or does not occur except for medically necessary reasons. The physician's certification confirms that skilled services are medically necessary and that the home health plan of care is appropriate. A nurse cannot certify medical necessity, and requiring the physician to personally examine the patient isn't a stated CMS requirement for home health eligibility. Therefore, both conditions must be met.

9. In population-specific assessment considerations beyond medical status, which factors are helpful to assess?

- A. Home support and environmental barriers
- B. Occupation
- C. Language barriers
- D. All of the above**

Considering population-specific needs means looking beyond medical status to the everyday context that affects health and care. Home support and environmental barriers matter because safe living conditions, available help at home, and potential hazards influence daily functioning, treatment adherence, and risk of complications. Occupation adds information about work demands, exposures, irregular schedules, and transportation needs, all of which can shape when and how health tasks are managed. Language barriers affect understanding of instructions, consent, and health information, which directly impacts safety and the effectiveness of care. Together, these factors give a complete picture of barriers and supports, guiding targeted actions like home safety modifications, social services, flexible appointment times, interpreter services, and tailored education.

10. Which service is NOT covered by Medicare Part A?

- A. Hospital
- B. Hospice
- C. Approved Home Health
- D. Outpatient hospital services**

Medicare Part A covers inpatient hospital care, hospice, and home health services when you meet the qualifying criteria. These are all activities that involve being admitted or receiving care in a facility or at home as part of a structured plan after a qualifying hospital event. Outpatient hospital services, on the other hand, are those care moments when you don't stay overnight—think tests, visits, or procedures done in a hospital or clinic without admission. Those are typically paid under Medicare Part B, not Part A. So the service not covered by Part A is outpatient hospital services, because they're considered outpatient care and fall under Part B.

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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