Certified Radiology Administrator (CRA) Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

Questions

1. Which institutions are required to file a disclosure statement (DS-2) with the federal government?

A. Institutions that have significant material findings from a government audit

B. Institutions with more than $5M in capital expenditures

C. Institutions with more than $10M in capital expenditures

D. Institutions with more than $25M in capital expenditures

2. Which three primary people at NIH conduct grants administration activities?

A. Sponsored Program Officer, Institutional Official, and Compliance Analyst

B. Scientific Review Administrator, Program Official, and the Grant Management Officer

C. Program Director, Scientific Advisor, and the Contracting Officer

D. Division Director, Technical Officer, and Compliance Officer

3. Which of the following uses of Protected Health Information may be used or disclosed without the patient's specific authorization under the HIPAA privacy rule?

A. Data compilation for targeted health insurance marketing

B. Research

C. Providing care to a patient or referring a patient to another provider for care

D. All of the above

4. Which of the following is located within the NIH?

A. National Library of Medicine

B. CDC

C. FDA

D. National Institute for Occupational Safety and Health

5. Which type of agreement is typically used for the purchase of goods and services?

A. Subaward

B. Vendor agreements

C. Partnership agreements

D. Collaboration agreements

6. Which of the following is considered program income?

- **A. Petty Cash Reimbursements**
- **B. Tuition from training grant programs developed under the grant**
- **C. Rental or usage fees from equipment purchased with federal funds**
- **D. Reimbursement for medical services for principal investigator expenses**

7. The FAR is Codified in:

- **A. Title 46 of the US Code of Federal Regulations**
- **B. Title 47 of the US Code of Federal Regulations**
- **C. Title 48 of the US Code of Federal Regulations**
- **D. Title 49 of the US Code of Federal Regulations**

8. For copyrighted works resulting from federally sponsored activities, what does the federal government usually require?

- **A. Disclosure of copyright only**
- **B. One copy for the official archives**
- **C. A royalty-bearing, exclusive, and irrevocable license**
- **D. A royalty-bearing, nonexclusive, and irrevocable license**

9. What tool can be used to identify potential risks in radiology operations?

- **A. Root Cause Analysis**
- **B. Failure Mode and Effects Analysis (FMEA)**
- **C. Risk Management Software**
- **D. Quality Assurance Checklists**

10. How can a radiology administrator improve patient satisfaction?

- **A. By reducing the number of staff**
- **B. By implementing effective communication and service protocols**
- **C. By increasing wait times**
- **D. By limiting service hours**

Answers

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

Explanations

1. Which institutions are required to file a disclosure statement (DS-2) with the federal government?

A. Institutions that have significant material findings from a government audit

B. Institutions with more than $5M in capital expenditures

C. Institutions with more than $10M in capital expenditures

D. Institutions with more than $25M in capital expenditures

The requirement for institutions to file a disclosure statement (DS-2) with the federal government is tied to the magnitude of their capital expenditures. The threshold set at more than $25 million signifies a significant level of investment that warrants additional scrutiny and transparency in reporting. This is primarily intended to ensure that substantial financial commitments are appropriately managed and disclosed, reflecting a higher level of accountability to federal oversight. Institutions exceeding this financial threshold are expected to provide detailed information regarding their expenditures, which assists the government in understanding the allocation of federal funds and assessing potential impacts on compliance and regulatory standards. The focus on larger financial commitments helps to facilitate oversight in areas where the financial stakes are notably higher, thus fostering a more responsible fiscal environment within the institutions involved. In contrast, the other options indicate lower thresholds which do not align with the DS-2 filing requirement, thus underscoring the importance of the $25 million benchmark in ensuring that only those institutions with significant financial activities are mandated to undergo this level of scrutiny.

2. Which three primary people at NIH conduct grants administration activities?

A. Sponsored Program Officer, Institutional Official, and Compliance Analyst

B. Scientific Review Administrator, Program Official, and the Grant Management Officer

C. Program Director, Scientific Advisor, and the Contracting Officer

D. Division Director, Technical Officer, and Compliance Officer

The selection of the Scientific Review Administrator, Program Official, and Grant Management Officer accurately reflects the primary roles involved in grants administration activities at the National Institutes of Health (NIH). The Scientific Review Administrator is crucial in overseeing the peer review process where grant applications are evaluated for scientific and technical merit. This position ensures that the applications meet NIH's standards and relevant scientific criteria, which is fundamental in determining the allocation of funding. The Program Official plays a key role in the management of the grant once it is awarded. This individual is responsible for monitoring the progress of the research, providing guidance to the grantee, and ensuring compliance with NIH policies and regulations throughout the grant's duration. Their role is integral to ensuring that funded projects align with NIH's strategic goals and priorities. The Grant Management Officer manages the financial side of the grant process, overseeing the budget, disbursement of funds, and compliance with fiscal regulations. This position provides essential support to the researchers while also ensuring that the funds are utilized effectively and responsibly. Together, these roles encompass the essential functions of grants administration—evaluation, oversight, and fiscal management—that are critical to the success of NIH-funded research projects.

3. Which of the following uses of Protected Health Information may be used or disclosed without the patient's specific authorization under the HIPAA privacy rule?

A. Data compilation for targeted health insurance marketing

B. Research

C. Providing care to a patient or referring a patient to another provider for care

D. All of the above

The use of Protected Health Information (PHI) for providing care to a patient or referring a patient to another provider is permitted without obtaining specific authorization from the patient under the Health Insurance Portability and Accountability Act (HIPAA) privacy rule. This is because the primary purpose of HIPAA is to ensure that individuals receive necessary medical care while safeguarding their health information. When healthcare providers share PHI for treatment purposes, it is considered a part of the continuum of care, which is essential for delivering effective healthcare. This includes activities such as consultations, referrals, and coordination of treatment between different providers. The HIPAA privacy rule recognizes that these activities are vital for patient care and thus allows them to occur without needing to seek specific permissions from patients every time information is shared for treatment. In contrast, data compilation for marketing purposes and research typically require explicit patient authorization unless certain conditions are met, such as deidentifying the data or falling under specific regulatory exemptions. These limitations are in place to protect patient privacy and ensure that individuals have control over their personal health information.

4. Which of the following is located within the NIH?

A. National Library of Medicine

B. CDC

C. FDA

D. National Institute for Occupational Safety and Health

The National Library of Medicine (NLM) is indeed located within the National Institutes of Health (NIH) in Bethesda, Maryland. As one of the largest biomedical libraries in the world, NLM provides access to a vast collection of medical literature, databases, and resources that support research and public health initiatives. Its integration within the NIH allows for collaboration with other institutes and centers focused on health, medicine, and biomedical research. The other organizations mentioned, while critical to health and public safety, are not part of the NIH. The Centers for Disease Control and Prevention (CDC) operates under the Department of Health and Human Services and focuses on preventing disease and promoting public health. The Food and Drug Administration (FDA), also part of the Department of Health and Human Services, is responsible for regulating food and drug products to ensure safety and efficacy. The National Institute for Occupational Safety and Health (NIOSH) is a part of the CDC and focuses on ensuring safe and healthy working conditions. Each of these agencies has its own distinct mission and regulatory framework that is separate from the NIH.

5. Which type of agreement is typically used for the purchase of goods and services?

A. Subaward

B. Vendor agreements

C. Partnership agreements

D. Collaboration agreements

Vendor agreements are typically utilized for the purchase of goods and services because they are specifically designed to outline the terms and conditions under which a seller (vendor) provides products or services to a buyer (organization or individual). These agreements detail aspects such as pricing, delivery timelines, specifications of goods or services, payment terms, and any warranties or return policies associated with the transaction. The focus of vendor agreements is on the transactional nature of the relationship between the vendor and the buyer, making them crucial in commercial operations where clear expectations need to be established about the procurement of goods and services. This ensures that both parties understand their responsibilities and can refer back to the agreement in case of disputes or misunderstandings, fostering a more efficient and smooth operation within an organization. In contrast, subawards refer specifically to a funding arrangement where part of a grant is given to another entity, and they are not intended for general goods and services procurement. Partnership agreements generally pertain to the collaborative goals between organizations and are more about shared ventures rather than straightforward transactions. Collaboration agreements often involve joint efforts in projects and do not focus purely on the exchange of goods or services but rather on shared research, development, or practices. Thus, vendor agreements are the most appropriate choice for purchasing goods and

6. Which of the following is considered program income?

A. Petty Cash Reimbursements

B. Tuition from training grant programs developed under the grant

C. Rental or usage fees from equipment purchased with federal funds

D. Reimbursement for medical services for principal investigator expenses

Program income refers to the gross income generated by the use of federal funds for a program, which is directly attributable to the activities funded by a grant or cooperative agreement. This income must be accounted for in accordance with the federal regulations governing the grant. The correct option identifies rental or usage fees from equipment purchased with federal funds as program income. When an organization purchases equipment with grant funds and subsequently charges fees for the use of that equipment, the fees collected are considered program income because they are a direct result of the grant-funded project. These funds can be used to further the objectives of the project, in alignment with funding requirements. In contrast, petty cash reimbursements are not considered program income as they generally represent the return of funds rather than income generated by the program. Tuition from training grant programs might not directly qualify as program income unless specifically defined as such by the terms of the grant. Similarly, reimbursement for medical services relating to the principal investigator's expenses is typically viewed as a reimbursement rather than income generated from program-related activities, and thus does not qualify as program income.

7. The FAR is Codified in:

A. Title 46 of the US Code of Federal Regulations

B. Title 47 of the US Code of Federal Regulations

C. Title 48 of the US Code of Federal Regulations

D. Title 49 of the US Code of Federal Regulations

The Federal Acquisition Regulation (FAR) is codified in Title 48 of the U.S. Code of Federal Regulations. This title organizes regulations concerning federal procurement and the acquisition process, detailing how federal agencies must conduct their purchasing. The FAR establishes uniform policies and procedures for the acquisition of goods and services by federal agencies, thereby promoting consistency, efficiency, and transparency in government contracting. The choice that refers to Title 46, Title 47, or Title 49 corresponds to other areas of regulation. Title 46 deals with shipping, Title 47 focuses on telecommunications, and Title 49 is concerned with transportation. Therefore, recognizing that the FAR is specifically designed to guide federal procurement practices helps clarify why it is codified in Title 48.

8. For copyrighted works resulting from federally sponsored activities, what does the federal government usually require?

A. Disclosure of copyright only

B. One copy for the official archives

C. A royalty-bearing, exclusive, and irrevocable license

D. A royalty-bearing, nonexclusive, and irrevocable license

The requirement for federally sponsored activities often includes stipulations regarding the control and distribution of the resulting copyrighted works. The correct answer highlights that the federal government typically requires the submission of a copy for the official archives. This is in line with the government's interest in maintaining a record of the outputs generated from federally funded research and projects, ensuring that knowledge derived from public funds is accessible and preserved for future reference and use. Submissions to official archives serve several important purposes: they help facilitate accountability, inform future research, and preserve the contributions made to the scientific and intellectual community. This ensures that public investments in research lead to shared benefits and that the knowledge produced is not lost but rather made available for ongoing study and innovation. The other choices, while they may pertain to copyright in a general sense, do not align with the common federal requirement in this context. For instance, focusing solely on disclosures of copyright or licensing arrangements does not address the archival needs and public interest concerns that are central to federally sponsored activities. Thus, the emphasis on providing a copy for official archives accurately captures the essence of what is typically required in these scenarios.

9. What tool can be used to identify potential risks in radiology operations?

A. Root Cause Analysis

B. Failure Mode and Effects Analysis (FMEA)

C. Risk Management Software

D. Quality Assurance Checklists

Failure Mode and Effects Analysis (FMEA) is a systematic, proactive method used to evaluate processes to identify potential risks and failures before they occur. In the context of radiology operations, FMEA helps organizations pinpoint where and how a process might fail and assesses the relative impact of different failures, allowing for prioritization of actions to mitigate those risks. This method involves analyzing every component of a process, understanding how failures might happen, and assessing the impact of those failures on patient safety and operational effectiveness. As such, FMEA is particularly beneficial in a complex environment like radiology, where the consequences of errors can be significant. While other tools such as root cause analysis, risk management software, and quality assurance checklists have their merits, they serve different purposes in the risk management process. Root cause analysis identifies the underlying reasons for incidents after they occur, risk management software facilitates the tracking and management of risks rather than identifying them, and quality assurance checklists focus on ensuring compliance with standards and protocols. FMEA's structured approach to preemptively identifying potential risks makes it the most effective choice for this specific purpose.

10. How can a radiology administrator improve patient satisfaction?

A. By reducing the number of staff

B. By implementing effective communication and service protocols

C. By increasing wait times

D. By limiting service hours

Improving patient satisfaction is crucial in healthcare, and one of the most effective ways to achieve this is through the implementation of effective communication and service protocols. When a radiology administrator ensures that staff communicates clearly and empathetically with patients, it fosters a supportive environment where patients feel valued and understood. Effective communication helps in setting realistic expectations, providing necessary information about procedures, and addressing any concerns promptly. Moreover, service protocols streamline operations, which can lead to a more efficient workflow, ultimately reducing wait times and ensuring that patients receive timely care. When patients experience clarity and professionalism in their interactions, their overall satisfaction is likely to increase, leading to enhanced patient loyalty and positive feedback. In contrast, options that involve reducing staff or limiting service hours can negatively impact patient experience by creating longer wait times and reducing access to care. Increasing wait times would naturally frustrate patients and diminish their satisfaction as well. Thus, implementing effective communication and service protocols is a proactive approach that directly contributes to a positive patient experience in radiology.