CPMA Analysis and Communications Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

Table of Contents

Copyright **1**

Table of Contents **2**

Introduction **3**

How to Use This Guide **4**

Questions **5**

Answers **9**

Explanations **11**

Next Steps **17**

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

1. If there is no binding rule, what should the discussion identify?

A. Concerns regarding potential post-payment risk.

B. The regulatory body name only

C. The auditee's favorite CPT codes

D. The final monetary penalties

2. Why is the auditor's ability to effectively communicate audit results most critical?

A. As long as there is a well written report, it is not necessary to discuss the report with the auditee.

B. Findings are of little value if the auditee does not understand the basis for them, the cause of any error, or the necessary steps to accomplish an appropriate corrective action plan.

C. Providers have excess time to listen to the audit results, so the auditor should take all the time needed to discuss the results in detail.

D. The provider must have a chance to discuss the results of the audit with the auditor to debate the results.

3. A rebuttal audit primarily focuses on...

A. Whether appropriate binding standards were applied correctly, or whether information provided to the payer was complete and properly interpreted.

B. Evaluating patient outcome measures.

C. Verifying facility compliance with safety protocols.

D. Assessing vendor contract terms.

4. Typically, how long is a Corporate Integrity Agreement (CIA) in effect?

A. Usually in force for five years

B. Three years

C. One year

D. Ten years

5. The NCCI Manual is written by which organization?

A. Centers for Medicare & Medicaid Services (CMS)

B. American Medical Association (AMA)

C. Food and Drug Administration (FDA)

D. Centers for Disease Control and Prevention (CDC)

6. CIA is typically reported to which office annually?

A. HHS OIG

B. SEC

C. FDA

D. DEA

7. What is described as the most critical step in the audit process?

A. Conducting site visits

B. Ability to effectively communicate audit results and recommendations

C. Financial forecast

D. Filing taxes

8. Which statement best reflects the review that should occur before issuing the formal final report?

A. Issue the final report without any review.

B. Proceed to finalizing the report.

C. Review the results only with internal staff.

D. Review the audit results with the auditee and legal counsel to ensure everyone understands the basis for the conclusions expressed in the audit report.

9. In the context of NCCI, under what condition does reporting an exclusionary modifier permit separate payment?

A. When there exists an exception in NCCI rules.

B. When the modifier is not allowed.

C. When billing occurs in a hospital outpatient department.

D. When the patient is a minor.

10. In audits associated with voluntary repayment or disclosure under SDP for potentially fraudulent conduct, who develops the corrective action plan?

A. Auditee's internal audit team

B. OIG inspector

C. Entity's legal counsel

D. External consultant

Answers

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

Explanations

1. If there is no binding rule, what should the discussion identify?

A. Concerns regarding potential post-payment risk.

B. The regulatory body name only

C. The auditee's favorite CPT codes

D. The final monetary penalties

When there isn't a binding rule, the discussion should focus on identifying concerns about post-payment risk and how to address them. The aim is to anticipate where improper or erroneous payments could occur after claims are paid, such as coding mistakes, billing errors, or overpayments, and to outline steps for monitoring, detection, and mitigation. This focus helps maintain financial integrity and control even in the absence of formal regulations. Naming a regulatory body by itself doesn't address what could go wrong after payment, so it's not the appropriate focal point. Discussing CPT codes as "favorites" is irrelevant to risk assessment and doesn't guide prevention or remediation. Waiting for penalties presumes enforcement details that aren't in play without a binding rule; instead, the priority is recognizing risk areas and planning controls to prevent or recoup improper payments.

2. Why is the auditor's ability to effectively communicate audit results most critical?

A. As long as there is a well written report, it is not necessary to discuss the report with the auditee.

B. Findings are of little value if the auditee does not understand the basis for them, the cause of any error, or the necessary steps to accomplish an appropriate corrective action plan.

C. Providers have excess time to listen to the audit results, so the auditor should take all the time needed to discuss the results in detail.

D. The provider must have a chance to discuss the results of the audit with the auditor to debate the results.

The key idea is that audit findings must be understood well enough to drive action. An auditor's ability to communicate results effectively matters most because the value of any finding hinges on the auditee grasping three things: the basis for the finding (the evidence and reasoning), the underlying cause of the issue, and the specific steps needed to correct it. When people understand what went wrong, why it happened, and what to do about it, they can implement changes that actually improve processes. Without that clarity, even a thorough report can sit unused and the opportunity for improvement is lost. Some options miss this point. Merely having a well-written report isn't enough if the auditee doesn't understand the basis, cause, or corrective actions. Time availability is not the core issue—the goal is actionable understanding within practical constraints. Debating results can be valuable, but the primary aim is ensuring the auditee knows what to fix and how to fix it, so improvements occur.

3. A rebuttal audit primarily focuses on...

A. Whether appropriate binding standards were applied correctly, or whether information provided to the payer was complete and properly interpreted.

B. Evaluating patient outcome measures.

C. Verifying facility compliance with safety protocols.

D. Assessing vendor contract terms.

A rebuttal audit centers on how a provider responds to a payer review, specifically whether binding standards were applied correctly and whether the information given to the payer was complete and interpreted properly. This means evaluating if coding guidelines, payer policies, and medical necessity requirements were followed, and whether the documentation and data supplied to justify the charges are accurate and clear. It's not about clinical outcomes, safety procedures, or contract terms. Patient outcome measures focus on results of care, safety protocols pertain to how well an organization adheres to safety rules, and vendor contracts cover business terms—areas unrelated to how a rebuttal to a payer review is constructed.

4. Typically, how long is a Corporate Integrity Agreement (CIA) in effect?

A. Usually in force for five years

B. Three years

C. One year

D. Ten years

The main idea here is how long a Corporate Integrity Agreement (CIA) lasts. CIAs are designed to give an organization time to build and prove a durable compliance program, with the oversight and reporting needed to demonstrate sustained improvement. The typical term is five years from the effective date. This period allows enough time to implement required controls, training, internal audits, and annual certifications, while giving the overseeing agency a clear window to monitor progress. Shorter terms, like one or three years, usually don't provide enough time for meaningful program maturation. A ten-year term is longer than usual and is generally reserved for exceptional circumstances. If issues remain at the end of five years, extensions can sometimes be arranged, but five years is the standard expectation.

5. The NCCI Manual is written by which organization?

A. Centers for Medicare & Medicaid Services (CMS)

B. American Medical Association (AMA)

C. Food and Drug Administration (FDA)

D. Centers for Disease Control and Prevention (CDC)

The NCCI Manual is published by the Centers for Medicare & Medicaid Services. It explains how the National Correct Coding Initiative edits are applied to Medicare and Medicaid billing, including which code pairs can't be billed together and when modifiers should or shouldn't be used. While the American Medical Association develops and maintains the CPT code set used in daily coding, the NCCI edits and the manual itself are CMS's responsibility. FDA and CDC aren't involved in creating these billing edits.

6. CIA is typically reported to which office annually?

A. HHS OIG

B. SEC

C. FDA

D. DEA

The key idea here is how corporate integrity obligations in healthcare are overseen. When a healthcare provider settles fraud or abuse allegations, they often sign a Corporate Integrity Agreement (CIA). This agreement is monitored by the Department of Health and Human Services Office of Inspector General (OIG), and part of the arrangement is annual reporting back to the OIG. The OIG is the federal office responsible for protecting the integrity of HHS programs like Medicare and Medicaid, so it's the appropriate place for routine CIA updates, certifications, and compliance data. Other agencies listed don't handle these integrity agreements: the SEC oversees securities, the FDA regulates safety and approvals within healthcare, and the DEA handles controlled substances.

7. What is described as the most critical step in the audit process?

A. Conducting site visits

B. Ability to effectively communicate audit results and recommendations

C. Financial forecast

D. Filing taxes

The most important idea here is that the impact of an audit comes from how its findings are communicated. Gathering evidence and identifying issues is essential, but the real value shows when those results and concrete recommendations are conveyed clearly to management and those responsible for implementing changes. Clear communication translates findings into actionable steps, priorities, and timelines, which drives accountability, buy-in, and follow-up to ensure improvements are made. Without effective communication, even significant issues may be misunderstood, ignored, or left unresolved. Site visits and other evidence-gathering activities matter, but they serve the purpose of informing what needs to be communicated. A financial forecast is a separate activity, and filing taxes is not part of the audit's purpose.

8. Which statement best reflects the review that should occur before issuing the formal final report?

A. Issue the final report without any review.

B. Proceed to finalizing the report.

C. Review the results only with internal staff.

D. Review the audit results with the auditee and legal counsel to ensure everyone understands the basis for the conclusions expressed in the audit report.

Before issuing the formal final report, the review should involve both the auditee and legal counsel to ensure everyone understands how the conclusions were reached and that the supporting evidence is clear. Including the auditee allows for factual accuracy checks, clarifications, and context from operations that may affect interpretation. Legal counsel helps address potential legal implications and ensures the wording and conclusions are precise and defensible, reducing the risk of misinterpretation or liability. This collaborative review helps validate the audit's conclusions, align on the basis for those conclusions, and produce a report that stakeholders can trust. Skipping this step or restricting review to internal staff can lead to disagreements, overlooked issues, or legal exposure, and can undermine the credibility of the findings.

9. In the context of NCCI, under what condition does reporting an exclusionary modifier permit separate payment?

A. When there exists an exception in NCCI rules.

B. When the modifier is not allowed.

C. When billing occurs in a hospital outpatient department.

D. When the patient is a minor.

In NCCI, many code pairs are bundled so you don't get paid for two procedures that are considered part of the same event. An exclusionary modifier can permit separate payment only if there is a documented exception in the NCCI rules for that specific pairing. In other words, the modifier signals a permitted, payer-approved exception; without that exception, the codes are bundled and separate payment isn't allowed. The other scenarios—whether the modifier is not allowed, billing in a hospital outpatient department, or the patient being a minor—don't create an NCCI exception that would unlock separate payment.

10. In audits associated with voluntary repayment or disclosure under SDP for potentially fraudulent conduct, who develops the corrective action plan?

A. Auditee's internal audit team

B. OIG inspector

C. Entity's legal counsel

D. External consultant

The corrective action plan in this context is developed by the entity's legal counsel. This is because voluntary repayment or disclosure under the Self-Disclosure Program involves legal risk and regulatory obligations, so counsel is responsible for crafting remediation steps that align with the SDP terms, protect the organization, and coordinate with regulators. Legal counsel ensures the plan addresses root causes, outlines specific corrective actions, timelines, and monitoring, and integrates the disclosure with appropriate governance. Other roles, like the auditee's internal audit team, focus on evaluating controls rather than producing the formal remediation plan; an OIG inspector oversees the investigation and audit process rather than drafting the plan; and an external consultant might assist, but ownership and accountability for the plan typically rest with the entity's legal counsel.

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://cpmaanalysiscomms.examzify.com

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