

EPIC CLAIMS AND REMIT 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 is the purpose of delimiters in ANSI files?**
 - A. To separate pieces of information within the file
 - B. To encrypt the content
 - C. To compress the file
 - D. To store metadata only
- 2. Resubmitting a claim sends the claim back to the**
 - A. Claims queue
 - B. Payer portal
 - C. Audit log
 - D. Archive
- 3. What example is given for a charge code lookup in the environment?**
 - A. Pharmacy Dispensing Charge
 - B. Diagnosis Radiology Charge
 - C. Operative Charge
 - D. Laboratory Test Charge
- 4. If you want to create two separate claims for the same payer with mixed charges, which feature is used?**
 - A. Claim Split
 - B. Data Merge
 - C. Claim Consolidation
 - D. Charge Separation
- 5. What does the batch scheduler allow?**
 - A. Allows runs to be created manually at any time
 - B. Runs to be created automatically during a regularly scheduled time
 - C. Prevents any automatic run creation
 - D. Requires manual approval before any run can be generated
- 6. The _____ translates the remittance file sent by a payer.**
 - A. RMO
 - B. RMC
 - C. Bank
 - D. Invoice

7. ANSI files are also called

- A. flat files, meaning a basic text document
- B. binary archives
- C. encrypted streams
- D. relational databases

8. Tables can reference an ID Type from ID maintenance to convert the bank's payer ID to the payer record in Epic.

- A. ID Type
- B. Payer Type
- C. Bank Type
- D. Record Type

9. What is the primary purpose of the ACN in attachments?

- A. It encrypts the attachment data
- B. It links attachments to the correct claim
- C. It encodes patient insurance type
- D. It indicates attachment priority

10. Use the ____ of the claim to test it against the Work Queue or rules used in the WQ. Which attribute is correct?

- A. CLAIM NUMBER
- B. CLP ID
- C. PATIENT ID
- D. INVOICE ID

Answers

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

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Explanations

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1. What is the purpose of delimiters in ANSI files?

- A. To separate pieces of information within the file
- B. To encrypt the content
- C. To compress the file
- D. To store metadata only

Delimiters in ANSI files define where one piece of information ends and the next begins, and where one segment ends. In ANSI X12 messages, data is organized into segments, with an element separator between each field and a segment terminator at the end of a line. This structure lets the receiving system reliably parse the file into individual data items, understand the boundaries between values, and interpret the entire message consistently across trading partners. Delimiters aren't about encrypting or shrinking the data, and they don't by themselves store metadata; their job is to provide the syntax that makes the information navigable and machine-readable.

2. Resubmitting a claim sends the claim back to the

- A. Claims queue
- B. Payer portal
- C. Audit log
- D. Archive

Resubmitting a claim returns it to the processing queue so it can re-enter the normal workflow and be reprocessed. The Claims queue is where active claims wait for action, review, or payer feedback, so sending a resubmission there puts the claim back into the system's processing path. The payer portal is a separate interface for interacting with the payer, but resubmitted claims are handled within the internal queue rather than directly in the payer portal. The audit log records that a resubmission occurred and by whom, not the destination where the claim is processed. The archive stores finished or closed claims, not those actively being reprocessed.

3. What example is given for a charge code lookup in the environment?

- A. Pharmacy Dispensing Charge
- B. Diagnosis Radiology Charge
- C. Operative Charge
- D. Laboratory Test Charge

Mapping a service to the exact billing code is essential because each service must link to a specific CPT/HCPCS code to determine the charge and reimbursement. In the environment, the example used for a charge code lookup is a radiology-related charge tied to a diagnosis. Radiology procedures cover a wide range of studies (X-ray, CT, MRI, ultrasound), each with its own precise code and possible modifiers. A lookup makes sure the system selects the correct imaging code based on the requested exam and any related diagnosis, which helps ensure accurate billing and adherence to payer rules. The other categories—pharmacy, operative, and laboratory charges—involve charges too, but the environment's example specifically demonstrates the lookup process with radiology because of the larger variety of codes and the need to pick the exact one for the given study.

4. If you want to create two separate claims for the same payer with mixed charges, which feature is used?

- A. Claim Split**
- B. Data Merge
- C. Claim Consolidation
- D. Charge Separation

Separating mixed charges into two separate claims for the same payer is done with the claim split feature. This function takes the charges on one claim and divides them into two distinct claims, both submitted to the same payer but with their own charge sets. It's especially useful when different portions of the bill must be processed under different rules, coding groupings, or submission criteria, while you still keep the payer on both claims. The other options involve combining or reworking data rather than creating two separate claims, so they don't fit this scenario.

5. What does the batch scheduler allow?

- A. Allows runs to be created manually at any time
- B. Runs to be created automatically during a regularly scheduled time**
- C. Prevents any automatic run creation
- D. Requires manual approval before any run can be generated

Automating routine batch jobs at a set time is what the batch scheduler is for. It allows runs to be created automatically during a regularly scheduled time, so you don't have to start them manually each time. You configure a schedule—like every night at 2 a.m. or on certain days—and the system generates the batch run on its own. This brings consistency and efficiency to recurring tasks such as nightly posting of claims or remittance processing. The other options describe manual initiation, preventing automation, or requiring approval before every run; those aren't the primary purpose of a batch scheduler, which is to automate run creation according to a schedule.

6. The _____ translates the remittance file sent by a payer.

- A. RMO**
- B. RMC
- C. Bank
- D. Invoice

Translating the remittance file into claim-level postings is handled by the Remittance Management Office (RMO). When a payer sends an electronic remittance file (often in an EDI 835 format), it contains payment amounts, patient responsibility, allowed amounts, and various adjustment codes. The RMO reads that data and maps each payment to the correct claim, spreads payments across line items, applies write-offs or adjustments, and updates the status on each claim and the patient's balance. This translation is what lets the system automatically apply the payer's payments accurately. The bank handles only the fund transfer and cash posting; it doesn't interpret or map remittance data to specific claims. An invoice is the bill itself, not the mechanism that converts remittance information into claim-level postings.

7. ANSI files are also called

A. flat files, meaning a basic text document

B. binary archives

C. encrypted streams

D. relational databases

ANSI files are plain text documents stored as flat files. A flat file is a simple text format where each line represents a record and fields are separated by delimiters like commas, tabs, or pipes. Because they're just text, ANSI files are human-readable and can be opened with any text editor, making them easy for basic data interchange. This differs from binary archives, which store data in non-text binary form; encrypted streams, which are encoded for security; and relational databases, which organize data into structured tables with relationships and indexing. So the best description is flat files, i.e., basic text documents.

8. Tables can reference an ID Type from ID maintenance to convert the bank's payer ID to the payer record in Epic.

A. ID Type

B. Payer Type

C. Bank Type

D. Record Type

Understanding how Epic maps external identifiers to internal records is key here. ID Type in ID maintenance defines the kind of identifier you're dealing with and how that identifier should be interpreted when linking to Epic data. In this scenario, the table uses an ID Type to recognize the bank's payer ID as an external identifier and to map it to the corresponding internal payer record. That mapping is what allows Epic to translate the bank's payer ID into the payer record it uses internally. The other concepts don't fit this specific role. Payer Type categorizes payers, but doesn't drive the lookup from an external ID to a payer record. Bank Type would refer to categories of banks, not to how IDs map to records. Record Type relates to the kind of data record, not to the identifier mapping process.

9. What is the primary purpose of the ACN in attachments?

A. It encrypts the attachment data

B. It links attachments to the correct claim

C. It encodes patient insurance type

D. It indicates attachment priority

The main task of the ACN in attachments is to link each attached document to the correct claim in the payer's system. Each attachment carries this Attachment Control Number, which references the claim's unique identifier (and often its line items), so the document is filed with the right claim during intake, adjudication, and archival. This ensures the right documents accompany the right claim, avoiding mix-ups when multiple claims or many attachments are involved. The ACN isn't used for encryption, it doesn't encode patient insurance type, and it isn't a signal of attachment priority; those functions are handled by other parts of the submission process. When the ACN is missing or doesn't match the claim, attachments can be misfiled or delayed, underscoring why this linkage is essential.

10. Use the ____ of the claim to test it against the Work Queue or rules used in the WQ. Which attribute is correct?

A. CLAIM NUMBER

B. CLP ID

C. PATIENT ID

D. INVOICE ID

The Work Queue's rules are mapped to the claim processing logic, identified by the CLP ID. This ID tells the system which set of validation and routing rules to apply to the claim, so testing the claim against the Work Queue should use the CLP ID to ensure you're checking the exact processing path the claim will follow. A claim number identifies a specific claim, but not which rules apply. A patient ID identifies the patient, not the processing workflow. An invoice ID relates to billing documents, not the claim's routing logic.

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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://epicclaimsremit.examzify.com>

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

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