

Epic RHB390 Practice Exam (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 function of the Pmt Classification field?**
 - A. Allows multiple values to be stored in the same PCD for different reimbursement structures.**
 - B. Allows posting to multiple dates simultaneously.**
 - C. Stores patient demographic data.**
 - D. Determines the claim submission window.**

- 2. Which of the following is NOT a bucket status?**
 - A. Created**
 - B. Pending**
 - C. Outstanding**
 - D. Closed**

- 3. In the kidney transplant example, what is the per diem rate for Level 4?**
 - A. \$3,000**
 - B. \$1,500**
 - C. \$0**
 - D. \$40,000**

- 4. In the kidney transplant example, what is the limit for Level 2?**
 - A. 20**
 - B. 10**
 - C. 9999**
 - D. 1**

- 5. Which bucket status indicates work is ongoing and not yet paid?**
 - A. Created**
 - B. Outstanding**
 - C. Closed**
 - D. Archived**

- 6. What do Selection Extensions define?**
- A. The services on the claim or the type of claim**
 - B. The per diem rates**
 - C. The overall contract price**
 - D. The rate per service**
- 7. A contract with inpatient bed charges that are reimbursed per diem requires what action to ensure no other inpatient charges are reimbursed?**
- A. Add a stopping condition to the last inpatient bed charge per diem contract line.**
 - B. Do not build any inpatient contract lines other than the inpatient bed charge per diems.**
 - C. Build component groups that combine the inpatient bed charges and any other inpatient charges.**
 - D. Add a payment mechanism to define that only the per diems should be reimbursed.**
- 8. Follow-up records can be reopened after closure. Which statement best describes this capability?**
- A. Yes, but only manually.**
 - B. Yes, but only if a payer recoups.**
 - C. Yes, either manually or automatically.**
 - D. No, never reopen.**
- 9. When are Insurance Buckets created?**
- A. HAR is created.**
 - B. After discharge.**
 - C. Initiate Billing is successful and there is a coverage record valid for the encounter.**
 - D. When the patient pays.**
- 10. When a follow-up record is complete, what should you do?**
- A. Close it to indicate resolution**
 - B. Delete it**
 - C. Leave it open**
 - D. Reassign to another user**

Answers

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

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Explanations

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1. What is the function of the Pmt Classification field?

- A. Allows multiple values to be stored in the same PCD for different reimbursement structures.
- B. Allows posting to multiple dates simultaneously.**
- C. Stores patient demographic data.
- D. Determines the claim submission window.

The key idea is how payments are assigned to service dates. The Pmt Classification field determines whether a payment can be applied across more than one service date in a single posting. When it allows multiple dates, you can post one payment to several dates at once, which speeds up reconciliation and keeps the ledger clean when a payment covers multiple visits or services. It isn't used to store patient demographics, set the claim submission window, or hold multiple reimbursement structures, so the multi-date posting capability is the best description of its function.

2. Which of the following is NOT a bucket status?

- A. Created
- B. Pending**
- C. Outstanding
- D. Closed

The concept tested is how statuses describe where a work item sits within a workflow bucket. A bucket tracks items as they move through its internal stages, so the statuses reflect that progression inside the bucket. Created means the item has been entered into the bucket and is being tracked. Outstanding indicates active work currently happening on the item within the bucket. Closed shows the work is finished and the item exits the bucket. Pending, however, is typically a waiting state outside the bucket's internal flow—an item may be awaiting entry or external action before it becomes part of the bucket's progression. So Pending isn't a bucket status, making it the correct choice.

3. In the kidney transplant example, what is the per diem rate for Level 4?

- A. \$3,000
- B. \$1,500**
- C. \$0
- D. \$40,000

The main idea here is that per diem payments are fixed daily reimbursements assigned to a hospitalization episode based on the level of care or resource intensity. In the kidney transplant example, Level 4 corresponds to a specific daily amount, which is 1,500 dollars per day. This means every day while a patient is at Level 4, the hospital would receive 1,500 dollars, regardless of the exact resources used that day. The other options don't fit because they would imply either no daily payment, a much higher daily rate, or an unrealistically large daily amount; the example sets Level 4's daily rate at 1,500 dollars.

4. In the kidney transplant example, what is the limit for Level 2?

A. 20

B. 10

C. 9999

D. 1

This question hinges on how the levels are defined by a numeric cutoff in the kidney transplant example. Level 2 is set by an upper limit of twenty, meaning values at or below twenty fall into Level 2, while anything above would move to a higher level. That boundary makes twenty the appropriate limit for Level 2. The other numbers don't fit the described cutoff: ten or one are outside or below the Level 2 ceiling according to the rule, and 9999 far exceeds it, proceeding to a different level. So the limit for Level 2 is twenty.

5. Which bucket status indicates work is ongoing and not yet paid?

A. Created

B. Outstanding

C. Closed

D. Archived

The situation being tested is how items stay tracked in a workflow based on payment status. When work is ongoing and payment hasn't been made yet, the status that fits this state is outstanding. It signals that the job is active or completed but still awaiting payment, so follow-up and collections are in order. Created simply marks a new item entering the system; it doesn't convey anything about whether work is in progress or payment status. Closed means the work is finished and typically settled, with no outstanding payment. Archived indicates the record is moved out of active use for long-term storage, not an active, unpaid item. So outstanding best describes the scenario of ongoing work that hasn't been paid yet.

6. What do Selection Extensions define?

A. The services on the claim or the type of claim

B. The per diem rates

C. The overall contract price

D. The rate per service

Selection Extensions set the total price framework for a contract. They define how the negotiated amount applies to the entire agreement—capturing the overall contract price that covers all included services, terms, and duration—rather than specifying prices for individual services or per diem rates. This means the focus is on the bundled or consolidated price that governs what can be billed under the contract, not on per-service breakdowns. The other options describe pricing at a more granular level (per service or per day) or the specific services covered, which are not what Selection Extensions establish.

7. A contract with inpatient bed charges that are reimbursed per diem requires what action to ensure no other inpatient charges are reimbursed?

A. Add a stopping condition to the last inpatient bed charge per diem contract line.

B. Do not build any inpatient contract lines other than the inpatient bed charge per diems.

C. Build component groups that combine the inpatient bed charges and any other inpatient charges.

D. Add a payment mechanism to define that only the per diems should be reimbursed.

When a contract pays inpatient bed charges on a per-diem basis, you need a clear end point so that only those daily bed charges are eligible for reimbursement. The best action is to add a stopping condition to the last inpatient bed charge per diem contract line. This creates a defined end to that line, so once the bed days are covered, the system stops evaluating or paying any further inpatient charges under that contract. Without this, other inpatient charges could slip through under the same contract because there's no definitive cutoff. Other options either fail to provide a precise cutoff, would mix bed charges with other inpatient charges, or rely on a broad payment rule that doesn't by itself prevent additional inpatient charges from being reimbursed. The stopping condition on the final bed per diem line gives a concrete boundary that isolates the per diem reimbursements.

8. Follow-up records can be reopened after closure. Which statement best describes this capability?

A. Yes, but only manually.

B. Yes, but only if a payer recoups.

C. Yes, either manually or automatically.

D. No, never reopen.

Reopening follow-up records after closure can happen in two ways, and that dual capability keeps follow-ups responsive to changing circumstances. In Epic, a closed follow-up can be reactivated by a user who chooses to reopen it, which makes the task active again and resumes reminders and tracking. It can also reopen automatically when certain conditions are met, without user intervention, through the system's workflow rules. Manual reopening is straightforward: a clinician or staff member reviews the record and explicitly reopens it to continue monitoring or actions. Automatic reopening happens when triggers in the system indicate continued or new follow-up is needed—such as the creation of a new encounter, updates to payer status, or a change in the patient's situation—so the follow-up isn't left dormant. This combination ensures follow-ups can be resumed promptly when new information arises, without relying solely on manual action or on payer-related events.

9. When are Insurance Buckets created?

- A. HAR is created.
- B. After discharge.
- C. Initiate Billing is successful and there is a coverage record valid for the encounter.**
- D. When the patient pays.

Insurance Buckets are part of the insurance billing workflow for an encounter. They're created only when there is a valid insurance coverage linked to the encounter and billing has been initiated successfully. This ensures the system has a payer to bill and a valid coverage record to attach the claim to. If coverage isn't valid or billing hasn't started, there's no bucket to hold the payer's claims and related actions. Other events don't trigger the bucket: creating a HAR, or a discharge, or the patient paying out of pocket happens outside the insurance billing flow, so none of those would generate the insurance bucket needed to manage payer claims.

10. When a follow-up record is complete, what should you do?

- A. Close it to indicate resolution**
- B. Delete it
- C. Leave it open
- D. Reassign to another user

Closing a follow-up record when everything is finished communicates that no further action is needed. This status keeps the workflow clear for the team, helps with workload management, and preserves a complete history for audits or future reference. Deleting would erase the record and the context of what happened, which can cause confusion and make it harder to review or learn from past cases. Leaving it open implies there's still work to do, which can generate unnecessary reminders or mislead others about the current state. Reassigning a completed task isn't needed, since there's no active work to transfer. Before you close, add a final note or outcome to document what was decided or what happened so the record remains informative for anyone who reviews it later.

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://epicrhb390.examzify.com>

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

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