

Health Care Administration 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. Which term refers to actions taken to influence public policy, resource allocation, and other decisions?**
 - A. Advocacy**
 - B. Alliances**
 - C. Access**
 - D. Accreditation**

- 2. A health insurance system that pays for a broad range of services is called what?**
 - A. Community Rating**
 - B. Comorbidity**
 - C. COBRA**
 - D. Comprehensive Coverage**

- 3. An order from a physician to dispense medication.**
 - A. Authorization**
 - B. Refill**
 - C. Verification**
 - D. Prescription**

- 4. In which HMO arrangement are physicians most likely employed by the HMO and physically stationed in the HMO's facilities?**
 - A. Staff Model**
 - B. IPA**
 - C. Network Model**
 - D. Open Panel**

- 5. Out-of-Pocket expenses refer to what type of costs?**
 - A. Premiums**
 - B. Coinsurance**
 - C. Out-of-Pocket**
 - D. Disallowed Charges**

- 6. Which term describes individuals who qualify to receive benefits under both Medicare and Medicaid?**
- A. Denominator**
 - B. Dual Eligible**
 - C. DRGs**
 - D. EMTALA**
- 7. Which term describes contributions made by employers to a health and welfare fund on behalf of employees?**
- A. Prepayment**
 - B. Dues**
 - C. Premium**
 - D. Premium Tax Credit**
- 8. What term denotes the admission of a patient to a hospital?**
- A. Hospital Admission**
 - B. Admission to Care Facility**
 - C. Inpatient Transfer**
 - D. Hospitalization**
- 9. A person's capacity to perceive, control, express, and evaluate emotions in interpersonal relationships is known as what?**
- A. Emotional Intelligence**
 - B. Emotional Intellegiance**
 - C. Empathy**
 - D. Social Awareness**
- 10. What term refers to individuals who do not have and cannot afford medical insurance but are financially eligible for Medicaid?**
- A. Medically Indigent**
 - B. Medigap**
 - C. Medicare**
 - D. Medicaid**

Answers

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

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Explanations

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1. Which term refers to actions taken to influence public policy, resource allocation, and other decisions?

A. Advocacy

B. Alliances

C. Access

D. Accreditation

Advocacy is the set of deliberate actions aimed at shaping public policy, how resources are allocated, and other decisions that affect health care. It covers activities such as informing and persuading policymakers, analyzing the potential impacts of proposed laws or regulations, organizing stakeholders, and educating the public to build support for changes. In practice, a health system might advocate for higher reimbursement rates to sustain essential services in underserved areas or push for legislation that expands coverage for a population. Alliances describe partnerships formed to pursue shared goals, but simply having a partnership does not necessarily involve influencing policy. Access refers to the ability of individuals to obtain care or the extent to which services are reachable, not the act of shaping policy decisions. Accreditation concerns meeting external quality standards to gain formal recognition, not policy influence. So, the actions taken to influence policy, resource allocation, and other decisions are best described as advocacy.

2. A health insurance system that pays for a broad range of services is called what?

A. Community Rating

B. Comorbidity

C. COBRA

D. Comprehensive Coverage

This question tests understanding of how insurance plans describe the scope of services they cover. When a plan pays for a broad range of services—hospital stays, doctor visits, preventive care, prescription drugs, labs, mental health, rehabilitation—the term used is comprehensive coverage. It signals wide coverage and fewer gaps in what the plan pays for. Other terms here refer to different ideas: comorbidity is the presence of additional diseases, community rating describes how premiums are calculated based on the health profile of a community, and COBRA is a law that allows temporary continuation of coverage after job loss. So the option that best fits a health insurance system paying for a broad range of services is comprehensive coverage.

3. An order from a physician to dispense medication.

- A. Authorization**
- B. Refill**
- C. Verification**
- D. Prescription**

The essential term is prescription. A prescription is a formal, legally recognized instruction from a licensed prescriber to a pharmacist that authorizes dispensing a specific medication to a patient, detailing the drug name, strength, route, dosing schedule, quantity, and duration. This distinguishes it from an authorization, which is a broad approval; a refill, which is merely a renewal of an existing order; and verification, which is the pharmacist's check for accuracy and safety before dispensing. In practice, prescriptions may be written, verbal, or electronic, and they establish the legal basis for how a medication is provided to the patient.

4. In which HMO arrangement are physicians most likely employed by the HMO and physically stationed in the HMO's facilities?

- A. Staff Model**
- B. IPA**
- C. Network Model**
- D. Open Panel**

The main idea being tested is how tightly an HMO integrates physicians through employment and location of practice. In the staff model, the HMO directly hires physicians and they work in the HMO's own clinics and facilities. Because they are employees of the HMO, the organization has strong control over scheduling, practice patterns, and care coordination, which is exactly what this model emphasizes. By contrast, in the IPA arrangement, physicians remain independent contractors who contract with the HMO to treat members, often operating out of their own offices. In the network model, the HMO contracts with physician groups that may run their own practices rather than being owned by the HMO. In an open panel setup, many providers may not be inside the HMO facilities and can treat patients who are members but aren't necessarily employed by the HMO.

5. Out-of-Pocket expenses refer to what type of costs?

- A. Premiums**
- B. Coinsurance**
- C. Out-of-Pocket**
- D. Disallowed Charges**

The concept being tested is what patients actually pay themselves under a health plan. Out-of-pocket expenses are the costs you pay directly for care that aren't reimbursed by your insurance. They include deductibles you must meet before coverage starts, copayments you make for visits or services, and coinsurance you owe after meeting the deductible, and they also can include costs for services not covered by the plan. These amounts count toward your out-of-pocket maximum, after which the plan generally pays 100% of covered services. Premiums are separate ongoing payments to maintain coverage, and disallowed charges are amounts the insurer won't reimburse for noncovered or denied services.

6. Which term describes individuals who qualify to receive benefits under both Medicare and Medicaid?

- A. Denominator
- B. Dual Eligible**
- C. DRGs
- D. EMTALA

Dual eligibility describes individuals who qualify for both Medicare and Medicaid. Medicare is the federal health insurance program for people aged 65 and older or certain disabled individuals, while Medicaid provides needs-based coverage for low-income people. When someone qualifies for both, the programs coordinate benefits—Medicare typically pays first, and Medicaid can cover remaining costs and services not fully paid by Medicare, including many long-term or additional needs that vary by state. The other terms don't describe who receives benefits: the denominator is a population measure used in statistics, DRGs are hospital payment groupings, and EMTALA is a law ensuring emergency care regardless of ability to pay.

7. Which term describes contributions made by employers to a health and welfare fund on behalf of employees?

- A. Prepayment**
- B. Dues
- C. Premium
- D. Premium Tax Credit

Employer contributions to a health and welfare fund are best understood as a prepayment. They're paid in advance to build a pool of resources that will cover employees' future health and welfare benefits as claims arise, rather than paying for a specific service already delivered or purchased from an insurer. This differs from dues (membership fees for belonging to a group), premiums (the cost of an insured policy paid to an insurer), or a premium tax credit (a tax credit individuals claim). In many benefit structures, especially union or Taft-Hartley funds, the employer contributes to a dedicated fund to finance future benefits, so these payments are prepayments for anticipated coverage.

8. What term denotes the admission of a patient to a hospital?

- A. Hospital Admission
- B. Admission to Care Facility
- C. Inpatient Transfer
- D. Hospitalization**

Hospitalization is the act and status of admitting a patient to a hospital for evaluation, treatment, or ongoing care as an inpatient. It signals that the patient will be staying under hospital supervision rather than receiving care on an outpatient basis. This term is the standard way to describe the start and duration of an inpatient stay in medical records and billing. It's more precise than a generic "admission" or "hospital admission," which can refer to the moment of entry or to admission processes without specifying the inpatient stay. It also differs from admission to a care facility in general, and from an inpatient transfer, which describes moving a patient who is already admitted. Therefore, the term that denotes admission to a hospital is hospitalization.

9. A person's capacity to perceive, control, express, and evaluate emotions in interpersonal relationships is known as what?

- A. Emotional Intelligence**
- B. Emotional Intellegiance**
- C. Empathy**
- D. Social Awareness**

Emotional intelligence is the ability to recognize emotions in yourself and others, understand what those emotions mean for behavior, regulate and express your emotions appropriately, and use that emotional information to guide interactions with others. The description in the question—perceiving, controlling, expressing, and evaluating emotions in interpersonal relationships—fits this skill set exactly, so it is the best fit. Empathy focuses on understanding another person's feelings, rather than on regulating or evaluating your own emotions. Social awareness covers noticing others' emotions and social cues, but doesn't fully capture your own emotional regulation and expression. The misspelled term isn't a recognized concept, so it isn't the correct choice.

10. What term refers to individuals who do not have and cannot afford medical insurance but are financially eligible for Medicaid?

- A. Medically Indigent**
- B. Medigap**
- C. Medicare**
- D. Medicaid**

Medically indigent describes people who cannot afford medical care and lack private insurance, yet meet income criteria that make them financially eligible for Medicaid. This term specifically captures the situation of needing care but lacking the means to pay for it, while still qualifying for public assistance. Medigap is private supplemental coverage for Medicare beneficiaries, Medicare is the federal program for older adults or certain disabled individuals, and Medicaid is the public program themselves; none of these alternatives precisely describe the scenario of being uninsured and unable to pay while eligible for Medicaid, hence medically indigent is the best fit.

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://healthcareadmin.examzify.com>

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

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